



MEDFORD
OREGON

Homeless System Action Plan

April 2019 (revised June 2020)



(Photos from top left to bottom right: KOB1-TV NBC5, KOB1-TV NBC5, Jackson County Community Services Consortium, and KOB1-TV NBC5.)

Acknowledgements

The City of Medford is pleased to present this Homeless System Action Plan (HSAP) to members of the City Council and leaders throughout the region. Addressing homelessness and housing instability in Medford, Jackson County, and throughout the Rogue Valley will require collaboration and buy-in from a myriad of partners across multiple sectors.

Development of the HSAP was funded through the City's Community Development Block Grant (CDBG) program, a U.S. Department of Housing and Urban Development entitlement program that provides the City with annual funds to address a variety of community needs. Mercy's Gate Rogue Valley; a nonprofit organization that supports people working hard but struggling to make it in the Rogue Valley, also made a generous contribution to the HSAP's development.

The City wishes to acknowledge the work of LeSar Development Consultants (LDC) in preparing the HSAP, along with City staff. The City also wishes to acknowledge the participation of service providers, city and county government, faith-based groups, nonprofit service providers, housing developers, members of the business community, healthcare partners, and others in providing input and background information included in the HSAP.

Representatives from the Jackson County Continuum of Care, Jackson County, Rogue Retreat, City of Ashland, the Housing Authority of Jackson County, Columbia Care, Maslow Project, ACCESS, La Clinica, faith-based partners, the Medford Chamber of Commerce, the Downtown Medford Association, the Medford Police Department, City Leadership staff, and the Medford City Council all shared thoughts and input via phone and in-person interviews that were vital to drafting the assessment and recommendations listed herein. Additionally, more than 81 people representing numerous stakeholder groups in the community completed an email survey assessing the strengths and opportunities for the region's homelessness crises response system.

A site visit to Medford/Jackson County in January 2019 was also integral to crafting the HSAP. The City of Medford and LDC would like to thank Mercy's Gate Rogue Valley and other community stakeholders for making that site visit possible. The City would like to thank Rogue Retreat, the Medford Gospel Mission, Hearts with a Mission, and the Medford Police Department for giving their time to provide tours during the site visit.

The City of Medford looks forward to implementing many of the proposed action steps in conjunction with these cross-sector, inter-agency partners as well as members of the community. Working together, we can reduce homelessness in the city, county, and region. Thank you and we look forward to next steps.

Contents

Acknowledgements	i
Executive Summary.....	1
Overview of Goals and Actions	6
Purpose	7
Objectives	7
Development of the HSAP.....	8
Overview of Homelessness in Jackson County	9
Point-in-Time Count Data for Jackson County and Medford	9
Impact of Homelessness on the City and Region	10
Housing and Economic Issues in Region	13
Regional Efforts to Address Homelessness	16
Coordinated Entry and System Performance Data	21
Resources to Address Homelessness	23
Assessment of Current Homeless Crisis Response System.....	33
Leadership, Shared Vision, and Funding	35
Street Outreach.....	38
Coordinated Entry.....	40
Diversion and Prevention	41
Temporary Housing	42
Permanent Housing	44
Goals and Actions	48
Appendix A. Documents Reviewed in Development of the HSAP	57
Appendix B. Individuals Interviewed for Plan Development and Summary Input	58
Appendix C. Feedback from Survey.....	62
Appendix D. Jackson County 2019 CoC Organizational Chart	66
Appendix E. CoC Point-In-Time Count Sub-Population Trends	67
Appendix F. 2018 CoC Rapid Re-Housing Annual Performance Report.....	68
Appendix G. 2018 CoC Permanent Supportive Housing Annual Performance Report.....	71
Appendix H. Coordinated Entry System Analysis	74
Appendix I. Analysis of Kelly Winter Shelter Program.....	75
Appendix J. Jackson County Investments that Assist Homelessness	78
Appendix K. Jackson County Mental Health Information & Services	79

Executive Summary

Homelessness has reached a critical point in Medford and across Jackson County. Although the number of people experiencing homelessness has reached crisis levels, the newly structured Jackson County Continuum of Care (CoC) and engagement of regional leaders across multiple sectors has generated new momentum and a greater willingness to address the issue at a regional level.

As the new CoC continues to take shape and build a powerful presence, the City wanted to better understand its role in addressing homelessness and create specific goals for the City that could also be adopted by the larger region. With this direction, the City hired LeSar Development Consultants (LDC) to work with staff and community partners to create the HSAP. The objectives of the HSAP are to:

- Leverage recent momentum to accelerate innovation and regional collaboration
- Gain a better understanding of the drivers of homelessness
- Assess strengths and challenges and highlight best practices
- Identify goals and strategies for the City and potential partners
- Develop performance-based funding strategies to accomplish goals
- Share goals and strategies with the larger region for potential adoption

The HSAP may also serve as a jumping off point for City leadership to engage in more intentional discussions with critical partners to work together to leverage individual and collective strengths and resources that can reduce the impact of homelessness on individuals and on communities throughout the region.

When specifically looking at city statistics, the exact number of persons experiencing homelessness within the city limits is unknown. However; according to the regional 2018 Point-In-Time (PIT) Count, a total of 732 persons were homeless on a given night in January. This is the highest number reported in the last five years. Seventy-two percent of these homeless individuals declared Medford as their primary residence. Other data sources suggest that a high concentration of unsheltered homeless individuals are living along the Bear Creek Greenway.

Homelessness is a complex societal issue, with a lack of affordable housing at its core. In the city; vacancy rates are low, the cost of housing is high, and many households earn incomes below the poverty level. These factors leave many households rent-burdened or facing eviction. While housing should be a key focus; other factors such as job loss, family disconnect, mental illness, substance use disorders, violence and abuse, physical health, isolation, and education need to be considered. According to the 2018 PIT Count, of all homeless single adults in the region, 43% were considered chronically homeless with lengthy or repeated histories of homelessness, and one or more disabling conditions. Twenty-six percent reported a severe mental illness and 21% reported a chronic substance use disorder. In addition, the Medford School District reported the second highest number of homeless students of all districts in Oregon.

Many of the above factors are contributing to the extreme personal and societal costs resulting from homelessness. Individuals have passed away on the streets in recent years; many students are facing high barriers to self-sufficiency and future economic productivity; and business and tourism is being impacted. According to the Medford Chamber of Commerce and the Downtown Medford Association,

homelessness is a frequent topic of concern often cited by tourists and customers as a key factor deterring them from patronizing local businesses, the Greenway, and other parks and facilities. Homelessness is also a financial burden with significant resources being spent on encampment clean-ups by Medford Police, Fire, and Parks and Recreation; in addition to the Jackson County Sheriff and Parks.

The regional cost of homelessness far exceeds the need for resources. One example is the minimal funding available through the CoC, which is the region's catalyst to advance systems-level change to end homelessness. In 2018, the CoC received \$246,953 in federal funding from the U.S. Department of Housing and Urban Development (HUD). This was the smallest and lowest per capita federal funding allocation of any CoC in the state, with \$337 on average available for each homeless person. The highest funded state CoC (Hillsboro, Beaverton/Washington County CoC) received \$3,853,943, or \$7,383 available per person. Although the CoC is making significant progress, increasing funding is going to take time and sustainable support from many community partners.

Additional resources to address homelessness may come from a variety of sources including local, state, and federal government; the community action agency and other nonprofit service providers; faith-based organizations; hospitals, coordinated care organizations and other healthcare agencies; the Housing Authority and other housing and shelter providers; foundations; and private businesses. Many agencies from each of these sectors have begun to expeditiously prioritize homelessness through funding and actions. However, enhanced community collaboration and additional housing and services funding are in high demand just to meet the current needs.

One example of a success story influenced by collaborative prioritization across the region is within the homelessness Veteran subpopulation, which declined just under 52% from the 2014 to 2018 PIT counts. This decline was attainable, even with Veteran in-migration patterns, as a result of coordinated services and dedicated housing resources. In fact, Housing Inventory Count (HIC) data shows that 70% of the region's Permanent Supportive Housing (PSH) resources are strictly dedicated to homeless Veterans. As the region continues to target Veteran homelessness, a collective initiative to replicate this approach should be considered when addressing other homeless subpopulations. For example, with 70% of the region's PSH beds dedicated to homelessness Veterans, only 35 total PSH beds are currently available to non-Veteran single adults. Similarly, the region has available only 87 total Rapid Re-Housing (RRH) beds with 83% dedicated to homeless Veterans and their families. The region's significant lack of resources has resulted in an immediate need to create 245 PSH units for non-Veteran adults and 14 for non-Veteran families; and an estimated 83 RRH beds for non-Veteran adults and 22 for non-Veteran families. These numbers should be considered minimums based on the 2018 PIT Count and are expected to increase significantly as the region continues to collect more reliable data through the Coordinated Entry System (CES).

The region is also lacking emergency shelter, especially year-round, low-barrier emergency shelter beds for all subpopulations. Rogue Retreat provides 50 beds of low-barrier emergency shelter in the city, but the well-run program only operates during the winter months and is full every single night. Maslow Project also recently opened a much needed, temporary 15-bed youth shelter, also limited to the winter months. Lastly, limited resources are dedicated to providing street outreach services in Medford and the region. Within the city limits; the Medford Police Department coordinates an outreach effort throughout the year, with primary partners including the Jackson County (JC) Sheriff, JC Mental Health, Community Justice, ACCESS, St. Vincent de Paul, the Gospel Mission, Maslow

Project, Medford Drop, and the Veterans Administration. This particular outreach effort is conducted while also helping to clean up the Bear Creek Greenway. Although helpful, this type and level of outreach is not adequate and should include additional, non-uniformed outreach professionals to support the needs of all vulnerable homeless populations. Implementing an enhanced street outreach program will require a collaborative, region-wide effort to build sustainable funding for a variety of essential outreach providers.

There is no denying the significant lack of resources being dedicated to homelessness across the region, and while this feels defeating, having knowledge of these challenges can open new avenues for discussion, partnership and strategies. The CoC is a bright spot for the region and can be the vehicle to drive change and the creation of a robust homeless crisis response system. A homeless crisis response system is the community structure that ensures those who are at-risk of or experiencing homelessness can quickly access housing and services that best meet their needs. All communities must have a holistic and systematic response to which all leaders, stakeholders, and programs are committed to ensuring homelessness is prevented whenever possible, and that homelessness is otherwise rare, brief, and non-recurring.

The region's homeless crisis response system is a significant area in need of consideration. Critical components include outreach; coordinated entry; prevention and diversion; emergency shelter and interim housing; and permanent housing including RRH, PSH, and general affordable housing. Most importantly, an effective homeless crisis response system depends on strong leadership, a shared vision, and collaborative funding. The region should embrace this model and ensure the necessary and appropriate components are in place. Many organizations and leaders in the region are embracing this model, but others may be resistant to change. The City should not be considered the sole responsible entity for creating or implementing the components of a homeless crisis response system, but local government is always a key stakeholder and should share the responsibility with other government agencies and community stakeholders.

Although many of the components of the region's homeless crisis response system are in place or actively developing to a desired level, the following components are assessed in the HSAP for needed improvement and also serve as a basis for recommended goals and actions:

Promote and Provide Regional Leadership

- As the *Ten-Year Plan* ends, regional partners should renew their commitment to a shared vision to address homelessness and guide activity toward achieving shared regional goals.
- The City should continue to provide a leadership role within the CoC, including dedicating a single agency or staff position to serve as the homeless lead.
- The City should leverage its position as a convener and play a role in formalizing and strengthening partnerships with faith-based organizations, public agencies, and others.
- The City should help define a role for businesses, including the Downtown Medford Association and the Chamber of Commerce, and continue to build critical partnerships with the healthcare sector, specifically the Coordinated Care Organizations (CCOs).
- The City needs to support national best practices for addressing homelessness by ensuring all contracts for homeless funding are required to follow critical best practices such as Housing First. Adopting best practices may represent a significant culture change, but investing in

ongoing education can help ensure there is sufficient buy-in when adopting evidence-based best practices.

Increase City and Regional Funding and Collaboration

- Both the City and County need to direct more local funding to homelessness and specifically toward best practice activities that demonstrate a significant rate of return.
- The City needs to support the building of a collective performance-focused culture. The development and implementation of data tracking tools and performance metrics are essential to understanding how well the homeless system is performing. Data and performance should also be central in funding decisions.
- The region should pursue the creation of a public/private funders' collaborative to ensure transparency about where funds in the region are currently being deployed; engage in shared discussions about what priorities/activities to fund, based on regional gaps; and make more intentional and coordinated decisions when awarding local funds and applying for and leveraging other state/federal funds.

Increase Street Outreach Services to Engage Unsheltered Population Including Those in Encampments

- The City and region needs to immediately increase street outreach services for populations other than youth and Veterans. New resources should not be in the form of new Police staff, but rather increased staffing at area non-profits. The City should partner with the County to create new outreach resources that can work in close partnership with law enforcement personnel.
- The City should pilot an outreach program in partnership with the CoC and the County to address encampments located along the Greenway; identifying 10-20 high-vulnerability individuals to receive intensive outreach and strive for temporary and permanent housing placements.

Analyze Prevention Resources and Expand Diversion

- The CoC, City, and County should work together to examine how funds are currently being allocated for homelessness prevention and emergency rental assistance. Adjustments should be made to ensure that low-income and struggling households who are most likely to end up homeless are identified and targeted for support.
- Diversion should be implemented across various programs including outreach and shelter. Effective diversion would most importantly ensure that shelter beds are reserved for those who truly have no other option.

Support the Creation of Low-Barrier Shelter and Interim Programs

- The City should support the creation of a year-round, low-barrier shelter that includes beds for single adults, couples, and families to receive basic resources such as showers, laundry, meals, and a safe, indoor place to sleep while they are supported with finding a permanent housing situation.
- The City should engage the faith-based and nonprofit communities to consider using existing parking lots for safe parking programs.

- Regional leadership needs to embrace the concept that homelessness is at its core a housing issue. The City and region should set annual affordable housing production goals and work hard to meet them.
- The region, including the City, needs to significantly increase its supply of RRH, PSH, and affordable housing to help increase the flow of people through the CES. RRH should be a priority as it can be brought online much quicker since it does not require new development.
- The City, County, and Housing Authority need to partner on PSH development via new development or the acquisition/rehab of other properties such as underutilized hotels/motels. PSH has been proven nationally to be the most effective model for decreasing chronic homelessness.
- Partners need to ensure that services provided in PSH are adequate to meet the need. One figure provided on the cost of PSH locally was \$11,358, which included both housing and services. This figure is relatively low when compared to other PSH figures, nationally. For PSH to be effective with those with the most complex needs, more funds must be dedicated to providing intense wrap-around supportive services.
- The City or County could partner with the Housing Authority to fund services that could be paired with Housing Authority vouchers for rapid creation of PSH. The region should explore partnering with local hospitals and CCOs on a PSH pilot that could provide funds for supportive services.
- The CoC should partner with cities and the County, and especially the Housing Authority, to develop and implement a landlord engagement program throughout the region. The program should include landlord outreach and education, as well as financial incentives such as paid security deposits, holding fees, damage mitigation funds, and move-in supplies.

In conclusion, LDC would like to applaud the City of Medford and all community stakeholders for contributing to the completion of the HSAP. The presented findings are beneficial in the fact they provide a foundation for further exploration. However, resolution rests in the implementation of strategic actions that can help accomplish these five recommended goals:

- 1) Increase the supply of affordable and supportive housing;
- 2) Increase leadership collaboration and funding;
- 3) Address unsheltered homelessness and encampments;
- 4) Increase temporary housing programs and successful placements; and
- 5) Increase diversion and prevention strategies.

The City has the power to help accomplish these goals by maintaining a commitment to the development of affordable housing, serving as convener of tough conversations, securing additional resources, establishing strategic priorities, cultivating positive relationships among community partners, facilitating pilot projects, updating policy, enhancing advisory capacity, implementing performance standards, supporting best practices, and developing a new culture of transparency and accountability. LDC hopes that the HSAP can serve the City as a roadmap to maintaining its role in addressing one of the most complex societal issues faced by all communities across the nation and around the world.

Overview of Goals and Actions

The following table is an overview of recommended goals and actions. More detail is available in the Goals and Actions section of this report.

Goal #1: Increase the supply of affordable and supportive housing
<ul style="list-style-type: none"> • Action 1.1: Continue implementing Housing Advisory Committee recommendations. • Action 1.2: City and County work together to set annual housing production goals. • Action 1.3: City and County inventory available publicly-owned land suitable for housing development. • Action 1.4: Engage landlords with a region-wide landlord incentive program. • Action 1.5: Increase Rapid Re-Housing for non-Veteran households. • Action 1.6: Increase supply of Permanent Supportive Housing for non-Veteran households. • Action 1.7: Launch a cross-sector pilot targeting frequent users of healthcare system. • Action 1.8: Explore zoning changes that may facilitate affordable housing development. • Action 1.9: Expand Accessory Dwelling Unit programs.
Goal #2: Increase leadership, collaboration, and funding
<ul style="list-style-type: none"> • Action 2.1: Identify City staff person to oversee implementation of the HSAP. • Action 2.2: Continue to estimate public costs of managing homelessness. • Action 2.3: Create a cross-sector funders' collaborative. • Action 2.4: Create a collaborative between City and faith-based partners. • Action 2.5: Create a City and business sector working group. • Action 2.6: Create a lived-experience Advisory Board to provide input on City activities. • Action 2.7: Create an area resource map using GIS. • Action 2.8: Continue to enhance CoC infrastructure and capacity. • Action 2.9: Require adherence to best practices and community standards in City contracts for homeless services. • Action 2.10: Establish a performance culture in City contracts where grants are awarded based on demonstrated positive outcomes.
Goal #3: Address unsheltered homelessness and encampments
<ul style="list-style-type: none"> • Action 3.1: Create an ad hoc working group to address Greenway encampments. • Action 3.2: Increase resources for street outreach services. • Action 3.3: Pilot intensive services to targeted high-need individuals on the Greenway. • Action 3.4: Update City policies related to encampment abatement.
Goal #4: Increase temporary housing programs and successful placements
<ul style="list-style-type: none"> • Action 4.1: Continue to support the creation of a year-round, low-barrier shelter. • Action 4.2: Consider creating a Central Access Point as part of the shelter. • Action 4.3: Require temporary housing programs receiving City funding to adhere to Housing First principles. • Action 4.4: Work with faith-based groups to expand safe parking programs.
Goal #5: Increase diversion and prevention strategies
<ul style="list-style-type: none"> • Action 5.1: Increase resources for homelessness prevention and ensure that prevention funds are used efficiently. • Action 5.2: Support legal services to prevent evictions wherever possible. • Action 5.3: Increase diversion training and activities. • Action 5.4: Promote shared housing as part of a diversion strategy. • Action 5.5: Implement a reunification program to connect individuals with support systems.

Purpose

Medford like many communities across the state of Oregon, is working to better address the needs of its homeless neighbors and support people in accessing a safe and stable home. While individuals and families experiencing homelessness may have a multitude of unique challenges, including but not limited to mental health and substance use issues, homelessness is fundamentally a housing problem with extreme societal costs. Homelessness is acutely stressful for individuals and can have significant long-term repercussions on their health, well-being, and economic stability. In some cases, homelessness can result in death. Homelessness also negatively affects the community and local businesses, and can be costly for public systems, including various City departments and regional partners, such as the criminal justice and healthcare systems. To help alleviate these impacts, families and individuals experiencing homelessness need to have permanent housing and the right supports to remain housed.

Homelessness has reached a critical point in the city and county and many residents express that the region is not doing enough to address homelessness. In a 2018 study completed by the Southern Oregon University (SOU) School of Business; 97% of county residential survey respondents perceived homelessness to be a problem, with two-thirds saying the region is “not doing enough to help the local homeless population.”¹ According to supplemental PIT questions, many of the 732 total persons experiencing homelessness on that single night in January 2018 reside in the city. As the demographic and economic hub of southern Oregon, the City identifies as an essential partner in the regional effort to end homelessness, defined by the U.S. Interagency Council on Homelessness (USICH) as ensuring that homelessness is “rare, brief and non-recurring.”² The City also seeks to contribute to the improvement of the region’s homeless crisis response system through the development of the HSAP.

The City has been working diligently with the Jackson County Continuum of Care (CoC), members of the community, stakeholders and partners at the local, state, and federal levels to identify potential solutions. Despite many successful collaborative efforts in recent years, the complexity of the issue, market conditions and scarcity of resources continue to overwhelm the region.

Objectives

The primary objective of the HSAP is to leverage recent momentum to accelerate innovation and collaboration in the region. This plan aims to identify key change agents, prioritizes an effective agenda of realistic short- and longer-term goals, and supports the development of a sustainable system of best-practice programs and services. To assist the City in taking next steps, locally and within the larger region, the City initiated the development of the HSAP to achieve the following:

1. Gain both a high-level and a nuanced understanding of homelessness in the city and region, including affected populations and sub-populations, ongoing efforts, available resources to address homelessness, and impacts on the City and its partners.
2. Assess the strengths and challenges of the current regional homeless crisis response system.

¹ City of Medford Residential Homelessness Survey 2018, prepared by SOU MBA students (March 2018)

² US Interagency Council on Homelessness, “What Does Ending Homelessness Mean?” June 4, 2018.
<https://www.usich.gov/goals/what-does-ending-homelessness-mean/>.

3. Highlight best practices currently being implemented and build the political will to bring them to scale.
4. Create a strategic framework with clearly identified goals, strategies and action steps that the City and identified partners can implement to support the goal of ending homelessness within the city and region.
5. Develop a performance-based funding strategy and establish strategic, collaborative partnerships with regional stakeholders to accomplish local and regional goals.
6. Share the goals and strategies outlined in the framework with neighboring cities, the County and the larger region for potential adoption.

Development of the HSAP

The City hired LeSar Development Consultants (LDC) to assist staff with developing the HSAP over the course of several months. To create the plan, LDC and City staff completed the following activities:

- Reviewed current and historical documents, reports and studies related to homelessness in the city and county (Appendix A).
- Conducted secondary research using existing reports and case studies on homelessness.
- Completed an initial in-person site visit funded by Mercy's Gate Rogue Valley to meet with City and regional leaders and stakeholders, tour areas with high unsheltered populations and encampments along the Bear Creek Greenway, and visit local homeless services programs such as the Kelly Winter Shelter, Rogue Retreat's Hope Village, Hearts with a Mission, and the Medford Gospel Mission.
- Reviewed available data such as the CoC PIT Count, CoC Housing Inventory Count (HIC), CoC System Performance Measures, data from the regional Coordinated Entry System (CES) and performance data from the Homeless Management Information System (HMIS), such as Annual Performance Reports (APR) for emergency shelter, Rapid Re-Housing (RRH) and Permanent Supportive Housing (PSH).
- Interviewed key stakeholders identified by the City, including representatives from the CoC, Community Action Agency, nonprofit homeless services providers and affordable housing developers; as well as from County agencies, healthcare, and faith-based partners (Appendix B).
- Reviewed survey feedback from regional stakeholders (Appendix C).
- Regularly communicated with City staff overseeing plan creation.

The above activities contributed both to the assessment of the present system and to the creation of actionable goals and strategies.

Overview of Homelessness in Jackson County

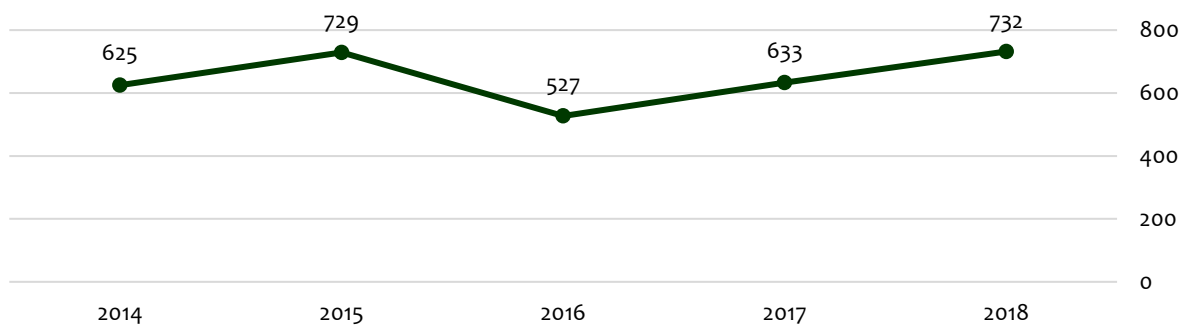
The following overview covers several topics that contribute to understanding the drivers and impact of homelessness within the county:

1. PIT Count Data for the City of Medford and Jackson County
2. Impacts of Homelessness on the City and Region
3. Regional Housing and Economic Issues
4. Regional Efforts to Address Homelessness
5. Coordinated Entry and System Performance Data
6. Resources to Address Homelessness

Point-in-Time Count Data for Jackson County and Medford

Housing and economic challenges, including rising rents and low vacancy rates, influence rates of homelessness in Jackson County. Although rates of homelessness have remained relatively constant over the past five years, numbers have trended upward and in 2018 were more than 33% higher compared to 2013. Figure 1 below highlights the total homeless persons in the region's PIT Count over the past five years.

Figure 1. Jackson County: Total Persons Experiencing Homelessness



Source: Jackson County CoC PIT Count.

In 2018, the PIT Count reported the highest number of total homeless persons counted in the previous five years with 403 persons in shelters and 329 persons living unsheltered, countywide.

While the five-year trends across both the sheltered and unsheltered counts appear stable, the trend lines change at the sub-population level. For example, the region has seen a significant decrease in total Veterans experiencing homelessness; no significant change among transition age youth; and an increase in the number of persons considered chronically homeless (defined as having lengthy and/or repeated episodes of homeless and a disability), as well as increases in those reporting a severe mental illness and a substance use disorder. See Appendix E for more information on sub-population trends in the region.

An analysis of supplemental PIT Count data shows the self-reported residences of people experiencing homelessness.

Of the 368 individuals who responded to questions about where they reside, 72% reported living in Medford. Figure 2 provides a breakdown of reported residence by city.

Figure 2. Jackson County 2018 Point-in-Time Count – Reported Residence by City

City	Number of Homeless Persons Reported Residing in City	Percentage of Total (N = 368)
Ashland	38	10%
Butte Falls	4	1%
Central Point	14	4%
Eagle Point	4	1%
Grants Pass	9	2%
Medford	266	72%
Phoenix	13	4%
Prospect	4	1%
Rogue River	4	1%
Ruch	1	0%
Shady Cove	3	1%
Talent	5	1%
White City	3	1%
Total	368	

Impact of Homelessness on the City and Region

Homelessness has extreme societal and personal costs. In recent years, news reports have drawn attention to individuals who have passed away on the streets of Medford due to the weather and other circumstances.^{3, 4} Enduring homelessness also has other significant long-term negative impacts on individuals, especially children. For example, homelessness can impede a child’s development, educational attainment and later success in the workforce.⁵ According to a 2018 report by the Oregon Department of Education, the Medford School District had the second highest number of homeless students in all districts in the state, at 1,164 children.⁶ Such a large population of homeless students will continue to have a negative effect on the city in the future.

³ Pfeil, Ryan, “Police Say It’s Likely that Homeless Man Died from Exposure,” *Mail Tribune*, January 4, 2016. <http://mailtribune.com/news/crime-courts-emergencies/police-say-it-s-likely-that-homeless-man-died-from-exposure>.

⁴ Conrad, Chris, “Homeless Man Freezes to Death Monday in Downtown Medford,” *Mail Tribune*, January 3, 2013. <http://mailtribune.com/news/crime-courts-emergencies/homeless-man-freezes-to-death-monday-in-downtown-medford>

⁵ American Psychological Association, “Effects of Poverty, Hunger, and Homelessness on Children and Youth,” <https://www.apa.org/pi/families/poverty>.

⁶ Oregon Department of Education, Oregon Statewide Report Card 2017-18, “Homeless Students in Oregon,” <https://www.oregon.gov/ode/schools-and-districts/grants/ESEA/McKinney-Vento/Documents/State%20Summary%20Data%202017-18%20for%20web.pdf> *The McKinney-Vento definition of homelessness is used when identifying homeless youth.

It is important to note that schools use the McKinney-Vento definition of homelessness, which is broader than the HUD definition and includes families doubled-up in housing or youth who are couch surfing.⁷

The human cost of homelessness is compounded by the significant public financial costs. The following describes some of the immediate financial costs to the City and region related to managing homelessness.

Encampment Cleanups

Within the city limits, the Medford Police Department (MPD) coordinates several clean-ups of the Greenway every year in collaboration with community partners including, but not limited to, the Jackson County Sheriff, Medford Parks and Recreation, Jackson County Parks, and the Talent Work Center. MPD alone, estimates spending nearly \$30,000 per year directly on homelessness, mostly in overtime paid to patrol officers aiding in Greenway clean-up efforts.⁸ MPD posts a notice 24 hours before each clean-up, and estimates that each clean-up costs \$2,500, which includes the crew and the cost of renting a dumpster. The City estimates that on average two tons of trash and debris are removed each clean-up. Additionally, the Medford Parks and Recreation Department estimates about \$143,031 in annual costs related to encampment clean-ups along the Greenway, including clearing trash, mowing, riparian mitigation, maintenance, and infrastructure repairs. These estimated Greenway clean-up costs for Parks and Recreation do not include other homelessness-related maintenance and clean-up activities on the other 510 acres of City park space.⁹ According to MPD, these clean-ups are very time and labor intensive and the activities do not directly reduce homelessness.

Encampment sweeps are conducted in accordance with MPD Policy #464, which sets protocol for addressing homeless encampments, creates a homeless community liaison position embedded within the police force, and sets standards for police interactions with individuals with mental illness or mental impairments.¹⁰

Public Health

As noted in the PIT Count, many individuals experiencing homelessness in Jackson County report having a serious mental illness, substance use disorder, and/or chronic health condition that requires access to health and behavioral healthcare. According to the 2018 Community Health Needs Assessment of Jackson and Josephine Counties, the general public noted that methamphetamine use and opioid abuse were top concerns, and over half of healthcare providers indicated that substance use disorder services were lacking in Jackson and Josephine Counties.¹¹ Additionally, the report indicated that mental health and stress among homeless populations was a main concern. Lastly, the report noted that Jackson County also had fewer mental health providers per capita compared to both

⁷ The National Center for Homeless Education, “The McKinney-Vento Definition of Homelessness,” <https://nche.ed.gov/mckinney-vento-definition/>.

⁸ Presentation by MPD staff, January 22, 2019.

⁹ The County also covers a portion of the cost of clearing Greenway encampments, totaling about \$1,100 per clean-up.

¹⁰ Medford Police Department Policy Manual, Policy #464: Homeless Persons.

¹¹ 2018 Community Health Assessment of Jackson and Josephine Counties

neighboring Josephine County and the state as a whole, indicating a higher need for mental health services. The region's Coordinated Care Organizations (CCOs) administer a good percentage of the funds available to assist with the overall health and wellness of homeless residents that have access to health insurance through the Oregon Health Plan. As reported by Commissioner Strosser (June 13, 2019), "the County is responsible for the uninsured population of Jackson County along with some core services such as the 24/7 mental health crisis response system." A region-wide transition in funding allocations was also reported as a factor of concern, as local governments and community stakeholders work to better understand the transition in funding from the state.

Because of housing instability, homeless individuals may be less likely to seek regular preventive care and more likely to seek care for non-emergency healthcare needs at hospital emergency rooms. City Fire-Rescue serves as a first responder for health emergencies in the city, although Mercy Flights is responsible for 911 transports. Anecdotal reports from Fire-Rescue indicate that homelessness is a significant cost to their department but does not specifically track data on calls involving homeless individuals. Although the City incurs costs related to first responder time, the majority of healthcare costs incurred in the region are to Coordinated Care Organizations (CCOs), hospitals and the County.

Public Safety

Homelessness also impacts public safety. Fire-Rescue responds to fires that have been started in homeless encampments on the Greenway. Police and fire officials report several fires in recent years allegedly started from encampments. In response, and as a harm reduction strategy, in 2018 Rogue Retreat began handing out fire suppressants to individuals living in encampments.¹²

Homelessness is also strongly linked to contact with the criminal justice system. According to one estimate, up to 50,000 people enter a homeless shelter directly from jail in the United States every year.¹³ People re-entering the community from incarceration and those with criminal records also face barriers to accessing housing such as stigma or bans on renting to people with certain criminal records. One report concluded that formerly incarcerated individuals were 10 times more likely to experience homelessness than the general public.¹⁴ The report also found that people experiencing homelessness are more likely to be arrested. In 2016, one in six people arrested in Los Angeles were homeless at the time of arrest.¹⁵

MPD estimates that approximately 20% of the homeless individuals they encounter have a criminal record, and this statistic increases to almost 60% when including bench warrants and citations.¹⁶

¹² Grippio, Genevieve, "Rogue Retreat Supplying Fire Suppressants to Homeless Living Along Greenway," KTVL News 10, <https://ktvl.com/news/local/rogue-retreat-supplying-fire-suppressants-to-homeless-living-along-greenway>

¹³ Mitchell, Mindy, "Homelessness and Incarceration Are Intimately Linked. New Federal Funding is Available to Reduce the Harm of Both," National Alliance to End Homelessness. March 29, 2018. <https://endhomelessness.org/homelessness-incarceration-intimately-linked-new-federal-funding-available-reduce-harm/>.

¹⁴ Misra, Tanvi, "The Homelessness Problem We Don't Talk About," CityLab, Aug 16, 2018. <https://www.citylab.com/equity/2018/08/the-homelessness-problem-we-dont-talk-about/567481/>.

¹⁵ Ibid.

¹⁶ Presentation on homeless response, Medford Police Department, January 22, 2019.

People experiencing homelessness may be more likely to engage in property crime as a means of survival, such as petty theft. They may also commit “quality of life” crimes resulting from their homeless status, such as loitering or trespassing. While costs are incurred to the City via the MPD, the majority of criminal justice costs are incurred by the County, especially any healthcare that is delivered in the jail. Additionally, people experiencing homelessness are at increased risk of being the victim of a crime.

Business and Tourism

Visible homelessness affects local business and tourism. According to the Medford Chamber of Commerce, Downtown Medford Association and other businesses, homelessness is a frequent topic of concern and often cited by tourists and customers as a key factor deterring them from patronizing Medford businesses, parks and other facilities. Several stakeholders expressed major issues with the state of the Greenway, including economic impacts of the reduction in recreational and commuting use of the trail system. According to a report from SOU, local businesses in the region reported that security concerns, litter, loitering, vandalism, theft and the presence of human waste were among the negative impacts of homelessness.¹⁷ Nearly half of businesses reported they have paid for additional items such as installing exterior lighting and security cameras, with almost half filing a police incident report.

The perception that visible homelessness is negatively effecting business and tourism is widespread. While calculating a dollar value for the cost of homelessness on businesses would be difficult, anecdotal evidence from many Medford business owners and residents suggests that it is a serious issue. This recently spurred the City to expand Municipal Code 2017-40 related Civil Exclusion Zones to include part of downtown in response to increased vandalism to public property, graffiti and garbage.¹⁸ MPD can use the expanded ordinance to prevent individuals who commit offenses (e.g., alcohol violation, assault, failure to control a dog, assault, sexual offense, arson, public urination and criminal mischief) in violation of the ordinance from entering or remaining on City property or the Downtown District for a period of 90 days. Additionally, the City adopted a shopping cart ordinance in December 2017 because of resident complaints about abandoned shopping carts.¹⁹

Housing and Economic Issues in Region

Although new leadership is increasingly focused on the issue, addressing homelessness is a significant challenge, especially given larger housing and economic challenges. Some of the primary drivers of homelessness include a severe shortage of affordable housing, a lack of existing rental housing supply, increased costs of living coupled with stagnant wage growth, and safety net programs that do not align with resident needs. According to an SOU research report on the perceptions and needs of county homeless service providers; 96.8% of providers surveyed agreed that, “Lack of affordable

¹⁷ Southern Oregon University School of Business, “Business Perceptions of Homelessness and How Homelessness Effects Business Along the I-5 Corridor in Southern Oregon,” Prepared for Jackson County Continuum of Care and City of Medford, March 19, 2018.

¹⁸ City of Medford Homelessness FAQ page on City website

¹⁹ City of Medford Homelessness FAQ page on City website

housing is the primary cause of homelessness” and cited low-vacancy rates as a major barrier to helping individuals and families exit homelessness.²⁰

In the county, renter households earning at or below 80% of the Median Family Income (MFI); or \$42,752, are facing a net deficit of 8,355 affordable rental units.²¹ The chart below illustrates the proportional deficit (or surplus) for each income range.

Figure 3. Jackson County: Shortage of Affordable Housing Units, 2010-2014

Renter Affordability	< 30% MFI	< 50% MFI	< 80% MFI
Renter Households	5,720	11,310	18,110
Affordable Units	2,390	4,450	19,945
Surplus/(Deficit)	(3,330)	(6,860)	1,835

Source: Oregon Housing and Community Services: Jackson County Demographic & Housing Profile

Overall, only 15 affordable units were available per 100 renter households at 30% MFI; 25 units per 100 households at 50% MFI; and 75 per 100 at 80% MFI.²² The most comparable city data can be found in the City’s 2008 Housing Element, which reports a deficit of nearly 4,450 units for households earning under \$25,000, or just under the 50% of the Area Median Income (AMI) in 2008. There was a slight surplus of about 725 units reported for households earning close to 80% AMI.²³

A significant affordable housing shortage across the county has fueled rising median rents in Medford and a rental vacancy rate of 1.64%, which is significantly lower than the average vacancy rate for the state of Oregon (3.8%).²⁴ The average cost of a one-bedroom apartment in Medford as of January 2019 was \$872²⁵ (2019 Fair Market Rent for 1 bedroom is \$747). The average cost of a two-bedroom apartment in the city as of February 2019 was \$1,139 (a 21.6% increase from last year).²⁶ This average exceeds HUD’s 2019 Fair Market Rent (FMR) of \$988, by 15.28%.²⁷ Service providers anecdotally report seeing rents as high as \$950 for a one-bedroom.

²⁰ SOU School of Business, “Homelessness in the Jackson County: Service Providers Perceptions and Needs [sic],” Prepared for Angela Durante Principal Planner Housing and Community Development Division, City of Medford, March 19, 2018.

²¹ Oregon Housing and Community Services: Jackson County Demographic and Housing Profiles. (October 2017).

²² Ibid.

²³ City of Medford 2008 Housing Element. Table 25: Rough Comparison of Housing Affordability and Supply of Dwellings. Sources: 2008 American Community Survey, U.S. Census; HUD Section 8 Income Limits, HUD Fair Market Rent. Based on Oregon Housing & Community Services. Housing Strategies Workbook: You’re Guide to Local Affordable Housing Initiatives, 1993.

²⁴ Department of Numbers, “Medford Oregon Residential Rent and Rental Statistics,” <https://www.deptofnumbers.com/rent/oregon/medford/>

²⁵ Rent Jungle, “Rent Trend Data in Medford, Oregon,” <https://www.rentjungle.com/average-rent-in-medford-or-rent-trends/>

²⁶ Ibid.

²⁷ U.S. Department of Housing and Urban Development FY 2019 Fair Market Rents.

In Medford, 19% of households have incomes at or below the federal poverty level, and the high cost of housing exacerbates the problem.²⁸ The hourly wage needed to afford a two-bedroom at FMR is \$16.58.²⁹ Unfortunately this does not come close to the region's current minimum wage rate of \$10.75.³⁰

Many county residents are rent burdened. According to the 2018 Community Health Assessment, 56.9% of renter-occupied households spend more than 30% of their income on housing costs.³¹ This percentage is higher than the rest of the state at 52.9%, and higher than the national average at 42%. In the city, approximately one-third of renter households are “severely rent burdened,” or spending more than 50% of income on rent.³² The health assessment further indicated that 23% of county households experience “severe housing problems,” defined as having at least one of four severe housing problems that include incomplete kitchen facilities; incomplete plumbing facilities; more than 1.5 persons per room; and cost burden greater than 50%. Consequently, housing is now identified as a key social determinant of health, with being housing unstable or homeless having significant impacts on health and other life outcomes.

Oregon residents who are elderly or have a disability and who are not eligible for Social Security Disability Insurance (SSDI) are eligible for Supplemental Security Income (SSI); however, the federal rate for monthly payments in 2019 is \$771, or \$9,252 annually. However, the state does offer assistance to SSI recipients for certain one-time expenses.³³ These funds are not sufficient to cover rent, food, transportation, and other living expenses; placing the most vulnerable populations at significant risk of housing instability or homelessness.

Eviction rates are another key indicator of housing affordability and stability. In 2016, Jackson County averaged 1.29 evictions per day; a rate that is slightly higher than the rest of the state. Medford averaged just under one eviction per day in 2016.³⁴

Potential Impact from In-Migration Patterns

Stakeholders reported that in-migration patterns of homeless Veterans and California residents may have an impact on homelessness. There is some evidence to support this claim.

²⁸ U.S. Census Bureau. 2016 American Community Survey Three-Year Estimates.

<https://www.census.gov/programs-surveys/acs/>

²⁹ Oregon Housing and Community Services: Jackson County Demographic and Housing Profiles. (October 2017).

³⁰ Beleickis, Nick and Felicia Bechtoldt, “Oregon Minimum Wage Increases on July 1, 2018,” State of Oregon Employment Department, June 28, 2018. <https://www.qualityinfo.org/-/oregon-s-minimum-wage-to-increase-each-year-through-2022>.

³¹ 2018 Community Health Assessment of Jackson and Josephine Counties, January 2019. <http://jeffersonregionalhealthalliance.org/wp-content/uploads/2019/01/JRHA-CHA-012419-FINAL.pdf>.

³² US Census Bureau, “Selected Housing Characteristics, 2012-2016 ACS 5-year estimates, Jackson County, Oregon,” <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>.

³³ Oregon Department of Human Services, “Oregon Supplemental Income Program—Medical,” <https://apps.state.or.us/Forms/Served/deg831.pdf>

³⁴ Eviction Lab, Maps, <https://evictionlab.org/>

Homeless Veterans: A 2016 study by researchers at the National VA Center on Homelessness examined homeless Veteran migration patterns across the country by looking at 2011-2012 data from all VA Medical Centers (VAMC). According to the report, the White City VAMC (referred to as the White River, Oregon VAMC in the report and now known as the VA Southern Oregon Residential Rehabilitation Center and Clinics (VA SORCC)) was among the nation's top three VAMCs for highest net gains of homeless Veteran in-migration proportionally to the overall Veteran homeless population. The study, which also considered out-migration, noted that VA SORCC had a 15% net gain in its homeless Veteran population.³⁵ According to the study, Veterans diagnosed with severe mental illness were more likely to migrate out of their originating region.

This assumption was supported by anecdotal reports from VA SORCC staff that suggested as many as two Veterans arrive daily from other regions.³⁶ Consequently, VA SORCC staff expressed support for a reunification pilot program that could help Veterans return to their home support system. Approximately 327 Veterans are currently reported on the CES By-Name-List; however, it is uncertain how many Veterans might benefit and whether the VA SORCC would have the capacity to administer such a program.³⁷

California Residents: According to a 2012 report by the Center for State and Local Leadership, California was the leading state of domestic out-migration in the nation. IRS data during this same time period ranked Oregon fourth in the nation for in-migration from California.³⁸ Economic adversity and density were revealed as primary drivers of out-migration. In Oregon, \$3.85 billion in former Californian income entered the state between 2000 and 2010. Newcomers from California to Oregon also reported incomes \$4,000 higher than Oregon out-migrants.³⁹ The in-migration of Californians to Oregon has likely increased competition for local housing supply, which can create an advantage for those with higher incomes, leaving those with lower incomes rent burdened and/or living in substandard conditions.

Regional Efforts to Address Homelessness

Over the last decade, the region has engaged in three key efforts to address homelessness, including the creation of the *Jackson County Ten-Year Plan to End Homelessness*, the Jackson County Homeless Task Force (HTF), and the recent restructuring and governance of the CoC.

The *Ten-Year Plan*, which was adopted by the Jackson County Board of Commissioners in June 2009, sought to “reduce the numbers, mitigate the impact, and improve outcomes for people who experience homelessness” in the region.⁴⁰ Developed through a collaboration among the County, United Way of Jackson County, the HTF, and numerous community partners, the *Ten-Year Plan* contains six discrete strategies to address homelessness:

³⁵ Metraux, S. PhD, Treglia, D. PhD, and O'Toole, T. MD. (2016). Migration by Veterans Who Received Homeless Services from the Department of Veterans Affairs. *Military Medicine*, 181, 10:1212.

³⁶ VAMC Southern Oregon Rehabilitation Center. (3/18/19). Amanda Doemland, Homeless Program Manager

³⁷ Ibid. Heather Jenard, Case Manager

³⁸ Gray, T. and Scardamalia, R. (2012). The Great California Exodus: A Closer Look Center for State and Local Leadership. https://media4.manhattan-institute.org/pdf/cr_71.pdf

³⁹ Ibid.

⁴⁰ Jackson County, *10-Year Plan to End Homelessness*, June 2009. <https://www.accesshelps.org/wp-content/uploads/2014/01/JC-Ten-Year-Plan-2009.pdf>

1. Increase the stock of permanent, affordable and supportive housing for individuals and families who earn less than or equal to 30% of Area Median Income (AMI).
2. Increase agency coordination and service integration at all levels.
3. Provide case management to help people maintain stable rental housing.
4. Provide financial assistance and life skills training to help people move into stable housing.
5. Develop and increase sustainable emergency and transitional shelter, as well as permanent supportive housing options for youth and other vulnerable populations.
6. Develop an ongoing community campaign that highlight emerging issues in the continuum of homelessness.

In 2018, the CoC shared a few progress updates on each of the six strategies.⁴¹ According to that report, progress on the *Ten-Year Plan* included:

- Improved operations of the Medford Kelly Shelter;
- Expanded operations of the Ashland Winter Shelter;
- Restructured the CoC to promote coordinated entry and strengthen collaboration among partners;
- Increased outreach and case management for homeless youth and families;
- Implemented a multimodal community education campaign that included housing summits, art, and photography exhibits; and
- Launched a 24-episode series (produced by ACCESS) about homelessness on local television.

While the impact of homelessness has been reduced through several of these strategies, the number of individuals and families experiencing homelessness has continued to rise. Stakeholders report the most important unmet strategies are the need for a low-barrier, year-round emergency shelter, transitional housing, permanent supportive housing, and the development of more housing units for households earning less than 30% Area Median Income (AMI). According to the CoC Manager, the majority of affordable housing built in the past nine years has been developed for individuals and families earning 50-60% AMI.

Continuum of Care

Across the United States, continuums of care are tasked by HUD to implement the requirements of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act and later the 2012 CoC Program Interim Rule expanded the role and duties of the CoC.

The HTF historically has functioned as the local advocacy and service coordination body for the region. The HTF was primarily composed of nonprofit organizations that received federal funds through HUD CoC and Emergency Solutions Grants (ESG) programs. This body still exists as a work group of the CoC; however, the role and responsibilities of the CoC shifted and increased with new requirements following enactment of the 2009 HEARTH Act and the 2012 CoC Program Interim Rule.

⁴¹ “10-Year Plan to End Homelessness in Jackson County—Progress Highlights on the Six Strategies: 2009-2018,” https://www.accesshelps.org/wp-content/uploads/2018/09/10-Year-Plan-to-End-Homelessness-Highlights-CoC-Board-Presentation-_allcare-additions.pdf

To meet federal HUD CoC requirements in 2017, the community began restructuring the CoC and seated a new board (See Appendix D for 2019 CoC Organizational Chart). Currently, the Jackson County Community Services Consortium serves as the fiscal sponsor for the CoC, which acts as the collaborative applicant for the annual HUD CoC Notice of Funding Availability (NOFA) process; and ACCESS is the lead agency on the application. The CoC now has a 27-member interagency, cross-divisional board, along with an Executive Committee and 12 standing workgroups.

The CoC Manager reported that, in its first year of operations, the CoC has achieved the following:⁴²

- Engaged community-wide participation in its workgroups and programs involving over 200 people representing more than 100 community entities;
- Created a Coordinated Entry System (CES);
- Received an increase in HUD funding for a bonus project for the first time;
- Provided funding for four housing programs through the HUD Collaborative Application;
- Increased Homeless Management Information System (HMIS) participation by more than 150%;
- Enhanced and supported landlord engagement programs;
- Contributed to the development of a reunification program;
- Developed a Strategic Plan;
- Identified opportunities to support local agencies with implementation activities by providing OHCS funding from ACCESS to other agencies and monitoring programs;
- Utilized diversion strategies, including rental assistance, through ACCESS;
- Expanded outreach into more rural areas of the county for its PIT Count; and
- Served 850 homeless or at-risk individuals at the Project Community Connect event.

CoC staff highlighted two additional outcomes including the creation of a Regional Emergency Shelter planning group and the development of a Community Resource Center for individuals exiting the local jail and those on parole and probation living at the Transition Center. The Community Resource Center offers services such as photo identification; vulnerability assessments and entry into CES; addiction recovery services, job skill trainings, mental health services; and enrollment in benefits such as the Oregon Health Plan. The Regional Emergency Shelter planning group includes more than 30 community organizations supporting the creation of an emergency shelter, which CoC staff reported may be operational by the fall 2019.

Although the newly structured CoC has only been in operation for a little over a year, the involvement of cross-sector leadership creates the potential for the CoC to serve as a catalyst to move real systems change to end homelessness in Jackson County. Partners can leverage the successes of the HTF and the reported progress on the *Ten-Year Plan* to continue addressing homelessness. The goals and strategies outlined by the *Ten-Year Plan* and the actions of the HTF continue to be relevant guideposts in the development of the HSAP.

⁴² Information provided via email by Constance Wilkerson, CoC Manager, March 25, 2019.

Other Efforts

Numerous other governmental and community-based entities have contributed to the recent efforts to address homelessness in Medford and across the region. Some of these efforts are reflected above in the described CoC efforts. However, full detail on activities across all organizations was not available for this report. Some of the key partners engaging in recent efforts to address homelessness include: the Housing Authority of Jackson County, ACCESS, Coordinated Care Organizations, the VA SORCC, and many nonprofit and faith-based organizations.

Jackson County Department of Mental Health is also engaged in efforts such as investing over \$1 million in programs and resources that address homelessness in FY14/15 through FY18/19.⁴³ The County also provides ongoing funding to activities including rental supports, short-term motel stays, transitional housing, development of adult foster homes for people with physical disabilities, peer-based programs, outreach to homeless youth and families, and mental health services. The County has also enhanced support for the CoC by assigning a dedicated mental health staff liaison to serve on the CoC Board and financially supporting the CoC Manager's position.

According to CoC staff, the County is also currently engaging in a Sequential Intercept Mapping (SIM)⁴⁴ process to identify the various pathways by which people with Serious Mental Illness come into contact with and move through the criminal justice system. SIM maps include access and assessment points, as well as diversion and re-entry systems, which can include connectivity to the homeless services system in a county. Jackson County is also proposing opening a new jail that will include enhanced services and programming to transition previously incarcerated individuals successfully back into the community, including significant investment in mental health and substance use disorder treatment.⁴⁵

City Efforts

The City has engaged in numerous activities to address housing and homelessness within the city, including investing just under \$4 million in housing projects and public service programs during a period of FY 14/15 through FY 18/19. Slightly more than half of this investment funded activities including land acquisition for transitional and permanent affordable housing; infrastructure support for the development of affordable rental units; rehabilitation of existing rental and owner-occupied housing; and planning activities to increase housing development and address homelessness. The remaining funds supported activities such as rental assistance; homeless youth shelter services; outreach to homeless youth and families; legal services; addictions recovery; domestic violence; and mental health public facility support. The City also contributed to the restructuring and governance of the CoC; actively participates in the governance of the CoC with the City Manager assuming the role of first-year Board Chair and now active member of the Board and Executive Committee; financially

⁴³ "Jackson County: Investments that assist in address and reducing homelessness," provided by Stacy Brubaker, Division Manager, Jackson County Department of Mental Health, Jan 22, 2019.

⁴⁴ Policy Research Associates, "The Sequential Intercept Model: Advancing Community-Based Solutions for Justice-Involved people with Mental and Substance Use Disorders," <https://www.prainc.com/wp-content/uploads/2018/06/PRA-SIM-Letter-Paper-2018.pdf>.

⁴⁵ Letter from Jackson County Sheriff Nathan Sickler, "Proposal for New Jail Project," March 21, 2019. <https://jacksoncountyor.org/sheriff/News/boc-hears-proposal-for-new-jail-project>.

supporting the CoC Manager position; and helping to solicit funding from other jurisdictions to support the CoC Manager position.

The following provides an overview of the City's specific efforts over the last two years to impact housing development and housing and homeless services:⁴⁶

Housing Development:

- Piloted a pre-development project with the Housing Authority of Jackson County (HAJC) to address regulatory barriers induced by HUD's environmental review requirements.
- Invested approximately \$90,000 in grant funds to research housing strategies and to provide targeted policy and incentive advice to City Council to increase development of housing at all price points.
- Hosted a "pop-up" event to educate and attract developers to Medford; event included City Council, leadership staff, and 11 community partners.
- Leased City-owned land for the development of Hope Village, and later increased the permissible units from 14 to 30.
- Awarded Habitat for Humanity just under \$950,000 for the acquisition/rehabilitation of five blighted/foreclosed properties for development/redevelopment of seven new homeowner-ship opportunities.
- Completed a cross-sector pilot project to rehabilitate a blighted single-family home for conversion to transitional recovery housing in partnership with PeopleFirst Properties, ACCESS, and First Presbyterian Church.
- Funded infrastructure support for the development of 115 new affordable rental units through HAJC.
- Piloted the use of a City staff liaison to facilitate communication between housing developers and City departments during the application and permitting process.
- Adopted three economic incentive strategies including the appointment of a permanent Housing Advisory Commission to administer all housing-related City resources and advise Council on housing policy; adoption of a Construction Excise Tax (CET) program; and System Development Charge (SDC) Deferral or Exemption program to incentivize development of affordable housing.
- Appointed a Community Development Grants Commission to strategically administer the City's CDBG and GFG programs.
- Implemented six regulatory housing strategies that create opportunity for increased density, expand permitting for ADUs, streamline minor lot partitions, modify zone change locational criteria and density calculation, allow Residential Care Facilities of over 15 residents in Multi-family Residential zones, and allow conversion of Single Family Residential in commercial zones to easily convert between residential and commercial uses.
- Completed a 20-year effort to expand the Medford Urban Growth Boundary (UGB), adding approximately 4,046 acres to increase available land for residential and employment-related development by roughly 1,658 acres.

⁴⁶ Information provided via email by Angela Durante, Principal Planner, City of Medford Housing and Community Development Division, March 25, 2019.

Housing and Homeless Services

- Approved a safe parking ordinance giving religious institutions the option to allow homeless individuals and families to park and sleep overnight in church parking lots.
- Funded the acquisition of a combined transitional housing/vocational training facility for homeless and at-risk youth through Youth 71Five Ministries.
- Prioritized permanent supportive housing during the CDBG PY17/18 and HMIS in PY18/19.
- Engaged Mercy's Gate Rogue Valley to discuss opinions, priorities, strategies and methods of addressing homelessness with faith-based partners; in addition to identifying potential gaps and redundancies in services provided by faith-based groups.
- Coordinated with the SOU School of Business to complete research projects that informed the City of the community's perceptions and attitudes toward homelessness.
- Approved an ordinance to allow for 90-day temporary shelters in all zones with a Conditional Use Permit.

In conclusion, the HSAP should not be considered an all-inclusive and accurate reflection of region-wide efforts taken over recent years to address homelessness. The intent of this section is to provide the City of Medford with a general accounting of the reported region-wide efforts, with more focus on the City's most recent actions. This is not to outweigh the efforts of other organizations or groups working hard to address homelessness, but to help the City continue to implement recommended actions. Furthermore, the assumption is made that moving forward, the majority of the region's efforts will be reported accurately and as inclusively as possible, through the CoC.

Coordinated Entry and System Performance Data

While PIT Count data can help identify how many individuals are experiencing homelessness on a given night, PIT data generally does not provide a full picture of how many households may experience homelessness annually in the region.⁴⁷ Data from the region's CES can better help identify the overall need and what housing interventions are needed to meet demand.⁴⁸

As of February 2019, a total of 2,081 households were on the active CES list, countywide. Of those, 429 were Veteran households (410 single adult households and 19 families) and 1,652 non-Veteran households (1,465 single adult households and 187 families). CES data tends to more accurately reflect the full scope of ongoing housing and service needs, over annual PIT Count data, because it reflects all households seeking services or contacting the homeless services system, not just a one-night snapshot.

As part of CES, households are assessed using a standardized tool called the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) and their score indicates the type of housing

⁴⁷ Roman, Nan, "Why the PIT Count Counts," National Alliance to End Homelessness, January 16, 2019. <https://endhomelessness.org/pit-count-counts/>.

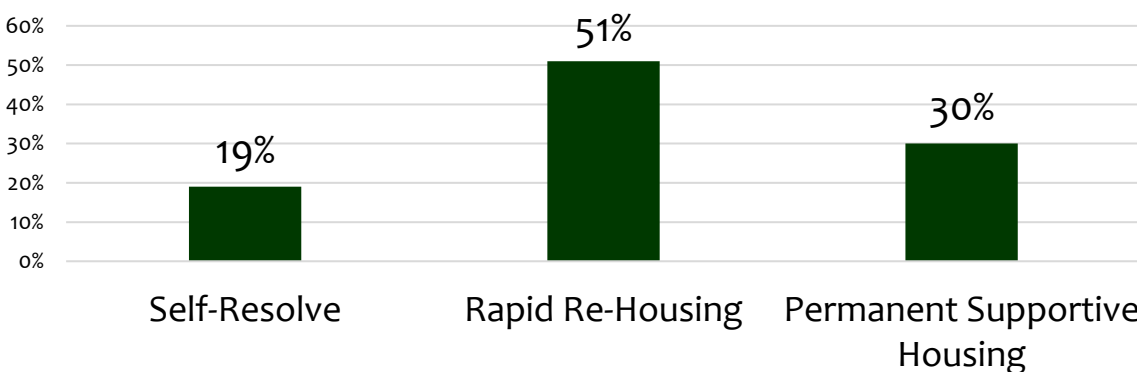
⁴⁸ CES is the system process to assess all households experiencing homelessness to identify their needs and refer to the most appropriate housing and services intervention. It is mandated by the U.S. Department of Housing and Urban Development (HUD) for all Continuums of Care across the Country. In Jackson County, ACCESS is the CoC lead responsible for implementing CES.

intervention that will best meet their needs. The CoC’s assessment tool recommends households for three interventions based need:

- **Self-Resolve/No Services:** Those with lower identified needs are scored as “Self-Resolve” or “No Services.” These households are assumed to be able to end their homelessness on their own without a dedicated housing intervention. Households still may need a short stay in a temporary housing program such as a shelter and other social services, but will not require a more intense housing intervention.
- **Rapid Re-Housing (RRH):** Households with moderate needs are recommended for RRH, a short- to medium-term rental assistance program combined with wrap-around service supports to assist households while they work to increase income to eventually take over rent payments on their own.
- **Permanent Supportive Housing (PSH):** Households with significant needs are recommended for PSH; a long-term, indefinite housing subsidy program combined with intense wrap-around services including case management.

Figure 4 displays the recommended housing interventions for households currently seeking assistance in Jackson County through CES. This includes all households both Veteran- and non-Veteran categories, as well as single adults and families. See Appendix E for CES data by subpopulations.

Figure 4. CoC Coordinated Entry System Recommended Housing Interventions



In addition, the CoC’s System Performance Measurers (SPM) can help identify needs; and track the flow and successful exits through the homeless system. In recent years, HUD has shifted its focus to evaluating the performance of the entire community in addressing homelessness rather than individual projects. CoCs are not rated against each other; but rather, each CoC is compared to itself year over year. HUD created seven SPMs by which every CoC across the country is measured. In addition, all programs in any given CoC—regardless if they receive HUD funding or not—are included in the community’s measures. These measures include:

1. Length of Time Persons Remain Homeless;
2. Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness;
3. Number of Homeless Persons;
4. Employment and Income Growth for Homeless Persons in CoC Program-funded Projects;
5. Number of Persons who Become Homeless for the First Time;

6. Homeless Prevention and Housing Placement of Persons Defined by Category 3 of HUD's Homeless Definition in CoC Program-funded Projects; and
7. Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing.

When looking at the most recent Medford/Ashland/Jackson County CoC SPM report from FY 17/18, key data over the course of 12 months include:

- 881 persons were served in some form through a temporary shelter program (emergency shelter and transitional housing) with an average stay of 92 days in shelter (median of 107 days).
- For those who exited successfully to permanent housing from all programs (emergency shelter, transitional housing, RRH and PSH) only 3% returned to homelessness in 12 months and 11% returned to homelessness within two years.
- 720 persons who entered any temporary housing programs were considered homeless for the first time.
- Out of all persons who exited temporary housing (emergency shelter and transitional housing) and RRH programs, 37% exited successfully to permanent housing.

It should be noted that these data are gathered from the region's HMIS. In general, HMIS systems tend to have low participation rates and data quality may not be fully representative of all outcomes in a community. However, the above data is what the CoC has submitted to HUD and is one of the primary factors that impact regional funding. HUD has stated that SPMs will increasingly be given more weight in future federal funding decisions.⁴⁹

Resources to Address Homelessness

Equally important to understanding the needs of those experiencing homelessness is understanding what resources are available to meet those needs.

Resources Available to the City to Address Homelessness

The City's available resources to address housing and homelessness include:

1. Annual federal entitlement funds through HUD's Community Development Block Grant program;
2. Biennial funding for direct public services through the City's General Fund Grant program;
3. Newly established Construction Excise Tax revenue dedicated to affordable housing development and programs;
4. State Neighborhood Stabilization Program (NSP) funds;
5. Staff resources to build community capacity and implement policy change;
6. Medford Urban Renewal Agency project funding;
7. Resources leveraged through other community agencies; and
8. Other grant opportunities, as available.

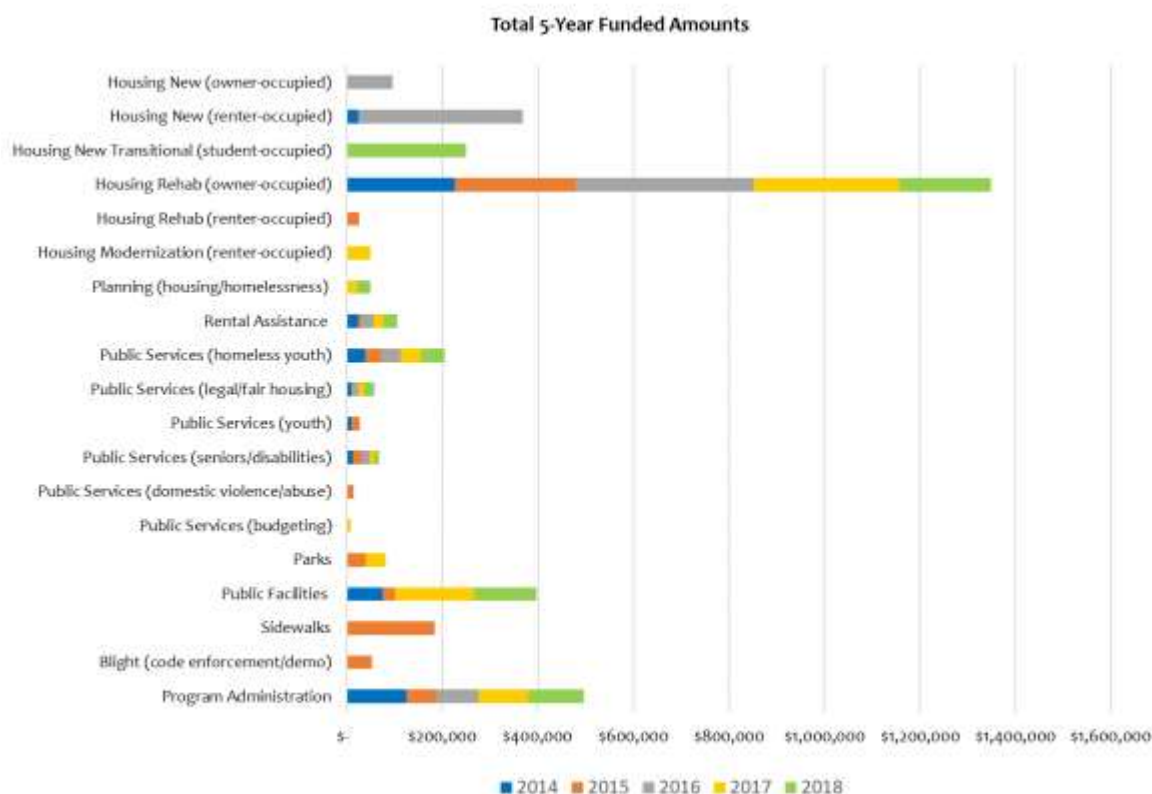
⁴⁹ HUD Exchange, "SNAP's Data Strategy," May 5, 2017. <https://www.hudexchange.info/news/snaps-data-strategy/>

Each resource is described below with funding amounts reflecting the most recent five-year period of FY14/15 – FY8/19.

Community Development Block Grant (CDBG) Program: The City has received annual entitlement CDBG funds since 1989. Over the past five years, the average annual funding was \$775,573.⁵⁰ HUD limits funding public service programs to 15% of the total annual entitlement and administration of the CDBG program to 20%. Historically, the City has always awarded the allowable 15% to public service programs.

CDBG funds are awarded on an annual competitive basis. City Council appoints the Community Development Grants Commission to administer the annual grant competition and make recommendations to Council for final approval. Figure 5 summarizes how CDBG resources have been distributed over the past five years.

Figure 5. City of Medford CDBG Program 5-Year Funded Amounts by Activity Type



Source: City of Medford Housing and Community Development Division CDBG funding analysis, 2014-2018.

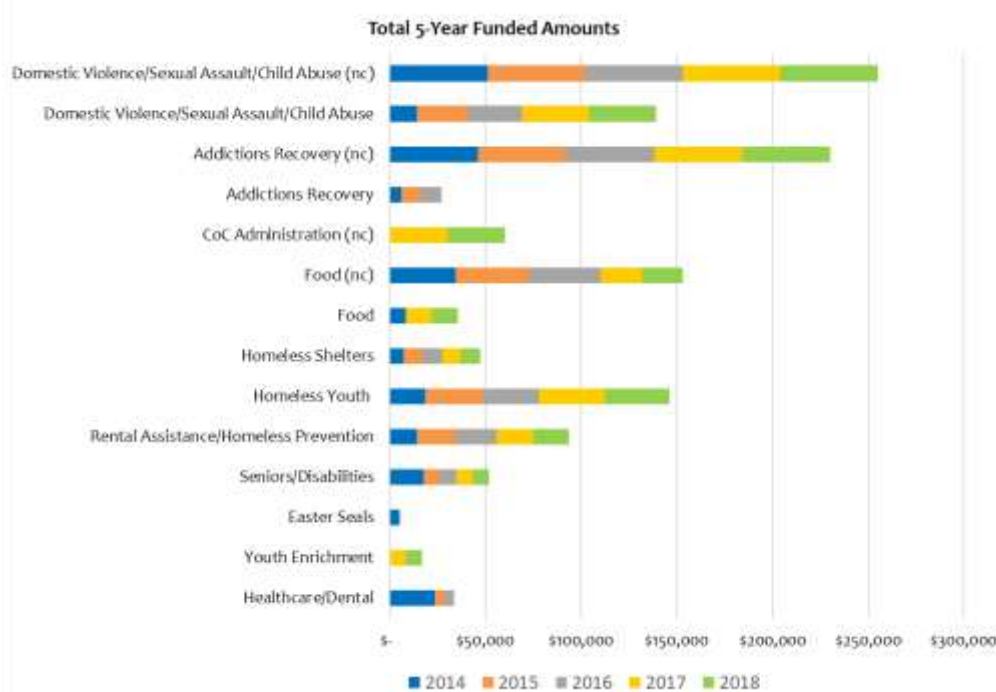
Rehabilitation of existing housing was allocated the most funds at just over \$1.4 million, or 36.70% of the total available resources. A long-time, owner-occupied emergency homeowner repair program accounted for 95% of this total allocation. Development of new units through acquisition and public infrastructure collectively received \$713,729 or 18.41%, with the majority allocated to the development

⁵⁰ City of Medford Housing and Community Development Division. 2014-2018 CDBG Funding Analysis.

of 64 units of affordable housing through the Housing Authority and 11 units of transitional student housing through Youth 71 Five Ministries. Rental assistance received 2.7% of total funding and other homeless services received 6.77%. The City anticipates level CDBG funding during the 2019-2021 biennium.

City General Fund Grant (GFG) Program: Since 1997, City Council has granted over \$5.5 million to nonprofit agencies that provide essential public services to Medford residents.⁵¹ These funds are awarded through a biennial competition similar to the CDBG program. Historically, the advising body was an ad hoc committee comprised of three members from Council and three from the Budget Committee. However, in October 2018, Council appointed the Community Development Grants Commission to administer both the GFG and CDBG programs to strategically allocate City resources. Over the past five years, the GFG provided just under \$1.3 million in funding with \$813,766 awarded non-competitively to four programs and the remaining \$481,991 through a competitive request for proposals. Figure 6 summarizes the five-year funded amounts by public service program type, including non-competitive and competitive awards.

Figure 6. City of Medford GFG Program 5-Year Funded Amounts by Public Service Program Type



Source: City of Medford Housing and Community Development Division GFG funding analysis, 2014-2018.

The City Manager is recommending a 55.04% increase to the GFG program in the next biennium. If approved by the Budget Committee and Council, this would increase the annual GFG program to \$429,650.

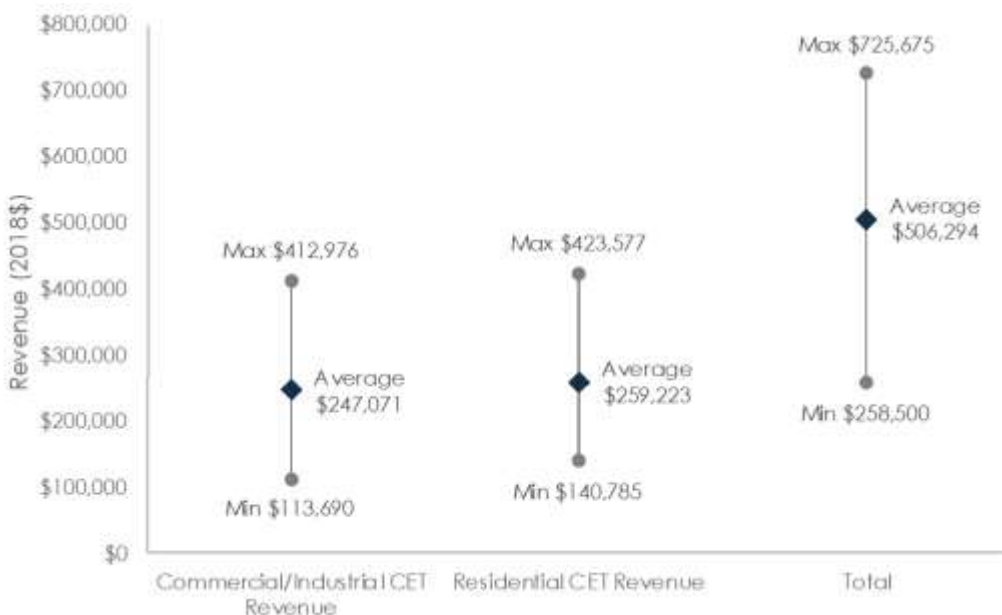
Construction Excise Tax (CET) Program: Revenues generated from the newly adopted CET program will provide the City with roughly \$500,000 per year from residential, commercial, and industrial building

⁵¹ City of Medford City Manager's Office. 2019-21 General Fund Grants Budget Issue Summary.

permit valuations. This estimate is based on a study completed by ECONorthwest using 10-year building permit values.⁵² However, the City has decided to front-load this program with a \$1 million dollar investment in July 2019 to streamline impact. Figure 7 shows the hypothetical minimum, maximum and average potential CET revenues based on historical data.

⁵² ECONorthwest. City of Medford 2018 Construction Excise Tax Revenue Estimates and Administration.

Figure 7: Historical CET Revenue Potential by Source, 2007/08 – 2017/18



Source: ECONorthwest analysis of City of Medford building permit data.

CET funds may be loaned or granted to developers and housing program providers to specifically and exclusively support development of affordable housing. Although City Council awaits administrative recommendations from the newly adopted Housing Advisory Commission, anticipation leans toward net revenue from residential permits being dedicated to developer incentives and affordable housing programs at or below 80% of AMI; and commercial/industrial net revenue dedicated to affordable housing-related programs or projects up to 120% of AMI. Funding awards are expected to align with the annual CDBG request for proposal process.

Combined; the CDBG, GFG and CET programs offer the City an estimated annual funding of just over \$1.6 million to invest in programs and projects that seek to accomplish Council's goals and objectives around housing and homelessness. Close consideration of strategies that could increase the City's investment is warranted. A few examples might include using loans rather than grants to increase sustainable future impact, minimizing duplication of public service program funding, and continuing to explore developer incentives and housing policy amendments to leverage the resources available through these three programs.

Neighborhood Stabilization Program (NSP) Funds: The City occasionally receives program income from the payoff of NSP liens on housing projects that were originally funded for acquisition, rehabilitation or down-payment assistance. Funds are passed through Oregon Housing and Community Services (OHCS) to mitigate foreclosures after the Great Recession. The original grant of just over \$2.2 million, converted 41 homes to restricted affordable; 23 owner-occupied units and 18 rentals. Since 2014, the City has received \$236,000 in program income to be reinvested.

On occasion, OHCS announces the availability of additional pooled funding from the state. The City secured just over \$720,000 from this pool in 2018 to acquire and rehab three additional foreclosed

homes for home ownership.⁵³

City Staff Resources: Calculating available City resources relating to planning, public health, safety, and recreation are difficult to estimate and often come with no option for cost recovery. A good example is the recent estimate provided by the City Manager and Housing and Community Development Division Planner who estimate 10% and 50% of their total hours are dedicated to homelessness, respectively. Additional Planning Department staff resources are dedicated to research and implement developer incentives and housing policy amendments.

Other departments expending resources include MPD, Parks and Recreation, and Fire-Rescue. Resources are allocated to encampment clean-ups, crime activity and fire protection along the Greenway, clearing trash and excrement from parks, and providing first responder care to homeless individuals. MPD and Parks and Recreation collectively estimate annual expenditures of \$173,000 on the Greenway alone. MPD and Parks and Recreation staff clearly expressed the need for additional resources to address homeless activity on the Greenway and in the city's parks. Scarcity of resources may stimulate partnerships to raise funds and volunteer hours to improve safety and public use of the Greenway and create job training programs for homeless individuals.

Medford Urban Renewal Agency (MURA) Program: In 2018, City Council approved the extension of urban renewal activities and authorized approximately \$20 million of additional tax increment funding through 2024. Ninety percent of that funding is currently allocated for improvement in Liberty Park north of Jackson Street, an area that has a high concentration of predominantly naturally occurring, affordable rental housing and offers significant potential for infill affordable and workforce housing development. Project selection is pending the completion of an updated neighborhood plan and identification of improvement strategies appropriate to the statutory purposes of urban renewal, including housing.

Strengthening the neighborhood through conservation of existing housing stock and infill development are key strategies under consideration, along with improved accessibility and connections to Downtown and surrounding areas where employment and services are located. Rather than bonding against future tax increment revenues at the outset, implementation of MURA funding is anticipated on a pay-as-you-go basis that will allow incremental development over the coming 5-6 years. Additionally, City Council has directed City and MURA staff to investigate potential new urban renewal districts elsewhere within the City. The current work in Liberty Park will help inform that investigation and awareness of the role urban renewal can play in addressing the community's housing needs going forward.

Grant Opportunities: Recently, the City Planning Department was awarded a \$40,000 grant from the Oregon Department of Land Conservation and Development (DLCD) to conduct a study on the various financial incentives and development code amendments that could be implemented to address housing availability and affordability. This resource is invaluable as it appears to be laying a foundation for action that can be mirrored across the region.

⁵³ City of Medford Housing and Community Development Division. 2008-2019 NSP Funding Analysis.

The City is also well positioned to seek or support other local, state and federal grants that may help build development project feasibility, mitigate aging housing stock and health and safety issues, and address barriers to housing development. A few current opportunities that may show promise include HUD's Lead-Based Paint and Hazard Reduction grants; FEMA's Hazard Mitigation grant for seismic retrofits; Oregon's Local Innovation and Fast Tract (LIFT) program for development of multifamily housing; and the Regional Solutions Workforce Initiative that could help launch a pilot project for development of workforce housing.

Other Community Resources

Significant resources can be cultivated through collaboration with other community organizations and groups. Larger more independent funding partners include, but may not be limited to Jackson County, Housing Authority of Jackson County, ACCESS, City of Ashland, and the Veteran Administration. However, other nonprofits and organizations from the healthcare, faith-based, and private business sectors should be further evaluated to develop a more inclusive accounting of available resources across the region. A more inclusive and accurate assessment may help the region identify critical gaps and opportunities that could greatly impact homelessness. Below are a few examples of other community resources collected during the completion of the HSAP:

- Jackson County has a long history of investing in the community to help strengthen local safety net service programs that assist homeless community members. Areas of ongoing support include: Emergency Services (food, shelter, clothing, and essential needs); Victim Services (abuse, neglect, and violence); Alcohol and Drug Treatment and Prevention; Physical and Mental Health Care; Legal Services; and Public Safety. A report from Jackson County estimates the County's investments to directly address and reduce homelessness during the time period of FY14/15 through FY18/19 was approximately \$1.1 million. Approximately 46.3% or \$500,000 of the total investment funded the initial set-up of Compass House, the first accredited Clubhouse Model in the state of Oregon. The impact of this investment will most-definitely compound over the years by providing many individuals with mental illness support, hope, and opportunity. The second largest amount of \$124,789 or 11.6% assisted Maslow Project's homeless youth and families outreach program. The third largest award of \$115,000, or 10.7%, funded Columbia Care Services' rental assistance program. The remaining \$339,978 or 31.4% went to other rental assistance programs, adult foster home care, transitional housing beds, and a peer-based mental health crisis program known as the "Living Room."⁵⁴ To help develop a better understanding of County investments that assist with homelessness, the County provided LDC the report in Appendix J. Please note that the County's report does not reflect behavioral health services, child welfare services, probation, and other resources that are not specifically dedicated to homelessness but that do help homeless households.

The County also mentioned the potential creation of a new jail that could positively impact homelessness individuals while incarcerated. However, other community stakeholders continue to question the cost of homeless services available in a jail setting versus community-based services that have the potential of preventing entry into the criminal justice system. This is a complex issue that should continue to be explored, region-wide.

⁵⁴ Jackson County. Summary of Investments to Assist with Addressing and Reducing Homelessness.

- The Housing Authority of Jackson County (HAJC) and ACCESS receive federal and state funding to develop housing that is affordable to low- and extremely low-income households and to administer a variety of programs that make housing more affordable and attainable for renters and aspiring homebuyers. The HAJC serves the region with about 1,800 HUD Housing Choice vouchers that homeless households can qualify for, as well as 300 HUD Veteran Affairs Supportive Housing (VASH) vouchers for Veterans. The HAJC also currently serves the Rogue Valley with 1,500 units and continues to be successful at securing multifamily housing finance grants and tax credits through OHCS.⁵⁵ ACCESS, the CoC's Lead Agency, is a certified HUD Housing Counseling Agency and an Oregon Regional Housing Center, which allows them to contribute significant resources toward home ownership. Other resources are targeted to housing stability; rental assistance; affordable housing development; and support services for Veterans, seniors and people with disabilities. ACCESS provides approximately \$600,000 per year to support regional homeless shelter options, and reported providing 205 doors, housing 1,100 each month and helping 43,000 people per year.⁵⁶ Both agencies offer significant partnership opportunities to help the City achieve the goals outlined in this plan.
- The Faith-based community is cultivating resources to help plan and implement positive solutions. Churches across the region are willing to open their doors for emergency shelters and parking lots to allow people to sleep safely in their cars. Stakeholder feedback and anecdotal evidence also suggest a rise in volunteerism, financial support, advocacy, and board leadership for local homeless facilities and service programs.
- Many private sector businesses and associations such as the Chamber of Commerce and the Downtown Medford Association (DMA) expressed strong interest in contributing resources to help implement solutions to housing and homelessness. Concerns about the safety and investment in the downtown area, inability to retain employees due to a lack of housing options, lack of skilled workforce, and passion to help homeless Veterans may lend opportunity for pilot workforce housing and job training programs.
- The region's two primary CCOs; AllCare Health and Jackson Care Connect, work together to provide healthcare services to individuals and families as part of Oregon's Medicaid Health Plan. Both CCOs have prioritized housing through the development of the most recent Community Health Assessment (CHA), which clearly identifies lack of affordable housing as one of the social determinants of health.⁵⁷ A recent example of CCO investment in homelessness services is their contribution to Rogue Retreat's Hope Village. Both CCOs have expressed a desire to partner a pilot project that could acquire and convert an existing home to transitional housing for medically fragile individuals discharged from hospitals. Many of these individuals have nowhere to stabilize before entering a shelter or securing alternative housing arrangements. CCO resources are most effectively allocated to providing homeless residents with medical care.

⁵⁵ Housing Authority of Jackson County. (1/24/19). Jason Elzy, Executive Director.

⁵⁶ ACCESS. (2/26/19). Pamela Norr, Executive Director.

⁵⁷ Jefferson Health Alliance. 2018 Community Health Assessment of Jackson and Josephine Counties.

- The White City Veteran's Administration (VA) receives National Special Purpose funding that is passed through the Southern Oregon Rehabilitation Center and Clinics (VA SORCC) to operate a 255-bed residential treatment center for substance use disorders and mental illness. As reported by VA SORCC staff, 327 homeless Veterans were on the CES By-Name-List in March 2019. Resources are available to help dual-diagnosed Veterans exit VA SORCC programs to permanent housing in the county or back to their home support systems. As mentioned previously, Veteran migration patterns could support a sharing of resources to reunite these individuals with support systems available near their homes of origin, at the time of discharge. The VA SORCC is currently challenged at half-staff capacity but expressed interest in developing a pilot program. The organization is also responsible for the region's HUD Veterans Administration Supportive Housing (VASH) program that according to the 2018 HIC had 313 PSH vouchers for homeless Veterans.

Continuum of Care Resources

Although leadership and structure have been strengthened by new CoC governance, funding from federal, state and local partners is currently inadequate. In 2018, the federal funds through the Jackson County CoC program totaled \$246,953, which was the lowest CoC award in Oregon. Additionally, the Jackson County CoC had the lowest per capita funding in the state. Figure 8 highlights the 2018 HUD CoC awards with total PIT counts. CoC staff reported that HUD encouraged the CoC to file an appeal that may result in an additional \$50,000 award.

Figure 8. HUD CoC Funding Per Capita by CoCs in Oregon

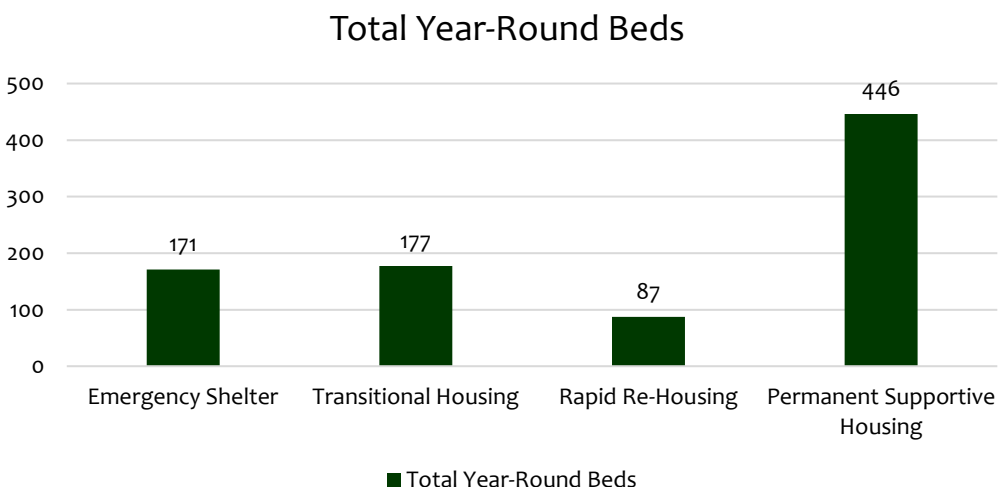
CoC	Total 2018 CoC Funding	Total Persons in 2018 PITC	Average HUD CoC funding per person
Eugene, Springfield/Lane County CoC	\$3,608,512	1,641	\$2,199
Portland, Gresham/Multnomah County CoC	\$24,284,354	4,019	\$6,042
Medford, Ashland/Jackson County CoC	\$246,953	732	\$337
Central Oregon CoC	\$665,492	787	\$845
Oregon Balance of State CoC	\$3,233,919	6,392	\$505
Hillsboro, Beaverton/Washington County CoC	3,853,943	522	\$7,383
Clackamas County CoC	\$2,701,875	383	\$7,055
Totals	\$38,595,048	14,476	

With relatively limited federal funds through the CoC program, the community relies heavily on other federal, state and local funds.

Homeless Beds According to the Housing Inventory Count (HIC)

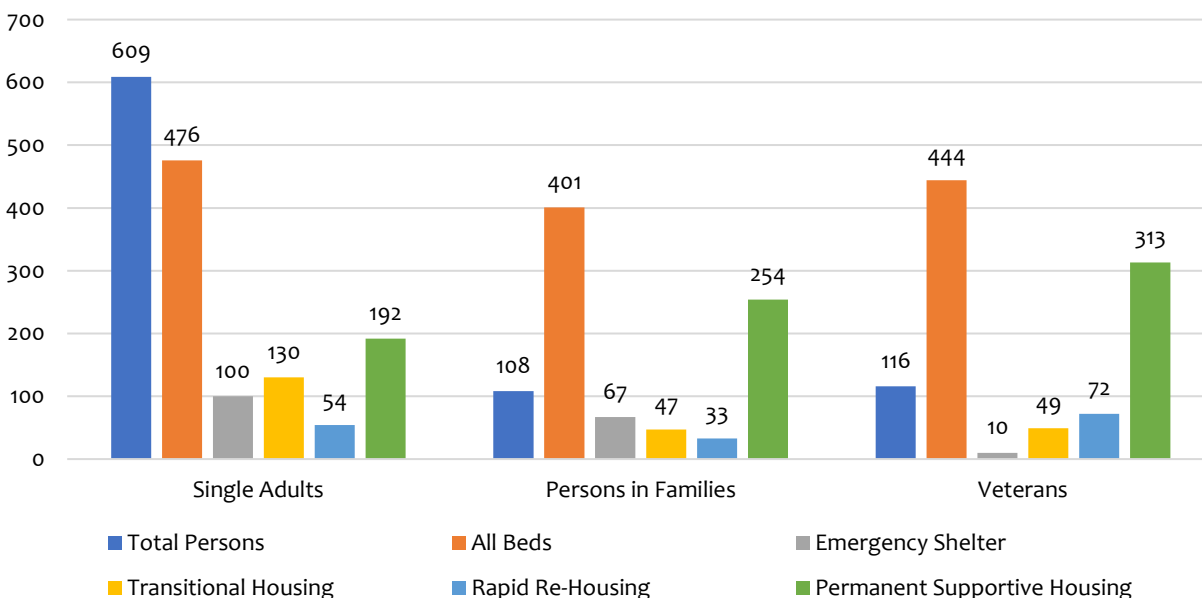
Federal, state and local funding has resulted in both temporary and permanent dedicated homeless beds within the region. Figure 9 displays the total number of dedicated beds per homeless intervention within the county for FY18, as reported in the HIC. These beds include all beds in the county, not just those funded by HUD or other public funds. Although the HIC is considered to be the community's most comprehensive report of homeless dedicated beds, these numbers may not fully reflect the total number of beds in the region.

Figure 9. Total Dedicated Year-Round Homeless Beds as Reported in the HIC



Although the county has a fair amount of dedicated homeless beds given the total size of the homeless population, many of these beds are dedicated to specific sub-populations. Figure 10 breaks down the above bed types by sub-population.

Figure 10. Populations Experiencing Homelessness vs. Bed Inventory



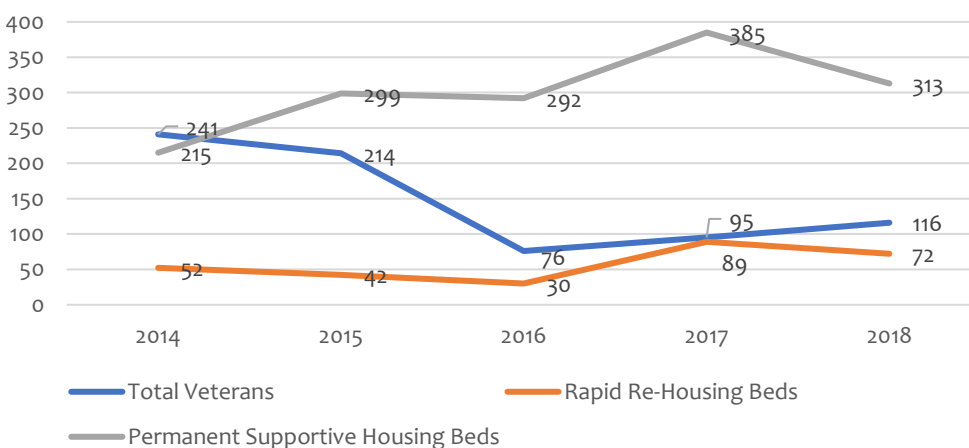
The above chart uses data from the 2018 PIT and HIC as reported from the CoC to HUD. The data for Veterans above is duplicated and included in figures for both single adults and persons in families. As shown in the above chart, single adults are the largest population and have the fewest number of total beds compared to need. Both families and Veterans appear to have more total beds on any given night than the population.

The majority of permanent housing resources (RRH and PSH) are dedicated to Veterans. Of the total 87 RRH beds for both adults and families, 83% are dedicated to Veterans; and 70% of all PSH beds in the county are also dedicated to Veterans. This is very meaningful when looking at PSH, especially for single adults. If PSH resources dedicated to Veterans are excluded from the total PSH for single adults in the region, only 35 total PSH beds are available to non-Veteran single adults in the entire county.

While it appears that an adequate number of total beds are available to families, the mix of resources may not adequately match families' actual needs. For example, RRH is recommended as a primary intervention for homeless families at the national level, yet it is the least available resource for families in the region. If you exclude RRH resources available only to Veteran families, the system has only 12 RRH beds available to non-Veteran families.

The above table identifies that many of the current resources in the community, especially RRH and PSH, are dedicated to Veterans in the form of SSVF and HUD VASH. The increased availability of RRH and PSH resources for this population over the last five years resulted in an overall decrease in Veteran homelessness, as shown in Figure 11. Specifically, the number of Veterans experiencing homelessness decreased (despite a slight increase in recent years) while total RRH and PSH beds for Veterans increased. The example below highlights a strong connection between the availability of dedicated housing and decreased Veteran homelessness. Although this example only applies to Veterans, similar trends are expected among single adults and families experiencing homelessness if adequate resources, especially RRH and PSH, were available to address their needs.

Figure 11. Veterans Experiencing Homelessness and Supply of Dedicated Veteran RRH and PSH Beds



Assessment of Current Homeless Crisis Response System

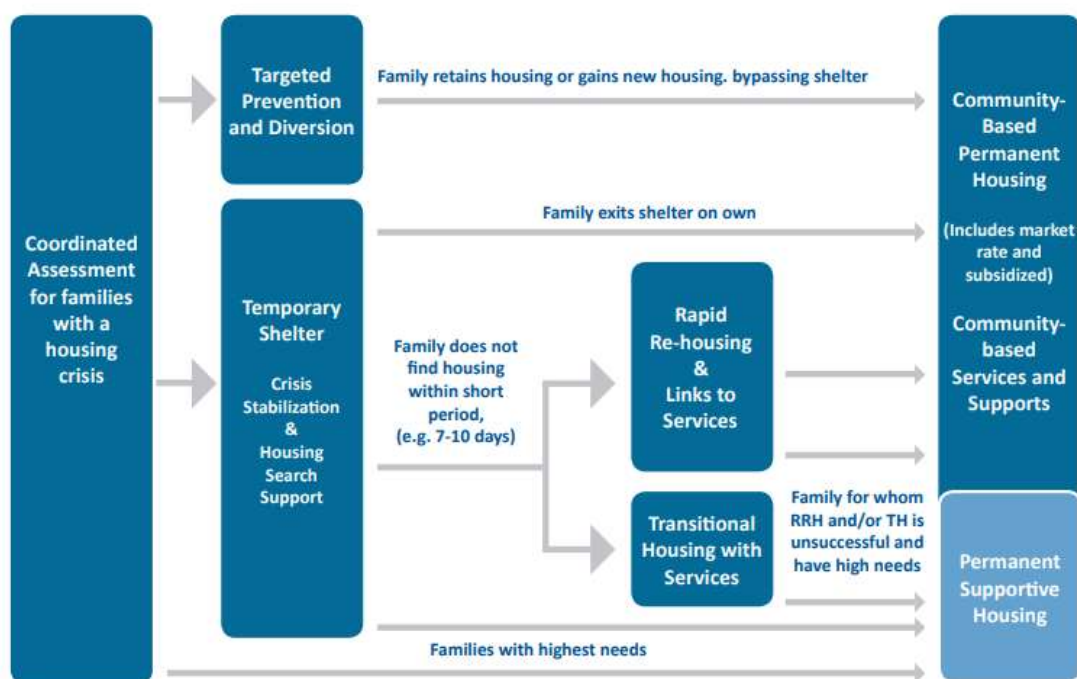
A homeless crisis response system is the community structure that ensures those who are at-risk of or are experiencing homelessness can quickly access housing and services that best meet their needs. All communities must have a holistic and systematic response to which all leaders, stakeholders and programs are committed to ensure homelessness is prevented whenever possible and that it is otherwise rare, brief and non-recurring.

Specifically, the system should:

1. Quickly identify and engage people at risk of and experiencing homelessness;
2. Intervene to prevent the loss of housing and divert people from entering the homeless services system;
3. Provide immediate access to shelter and crisis services, without barriers to entry, while permanent stable housing and appropriate supports are secured; and
4. When homelessness does occur, quickly connect people to housing assistance and services tailored to their unique needs and strengths in order to help them achieve and maintain stable housing.¹⁴

Figure 12 highlights the flow of an ideal homeless crisis response system for families according to the USICH.⁵⁸ Although this figure focuses specifically on homeless families, the components of the homeless crisis response system for single adults, including young adults, are similar.

Figure 12. United States Interagency Council on Homelessness – Homeless Crisis Response System for Families



The region, including the City, needs to embrace this model and ensure the necessary and appropriate components are in place to achieve the vision. Many organizations and leaders in the region do embrace this system structure, but others may be resistant to change. The following includes an assessment of the components of the region's primary homeless crisis response system:

⁵⁸ United States Interagency Council on Homelessness (2014) Family Connection: Building Systems to End Family Homelessness

1. Leadership, shared vision, and funding
2. Outreach
3. Coordinated entry
4. Diversion and prevention
5. Emergency shelters and interim housing
6. Permanent housing¹⁵

This assessment identifies what is currently in place as well as what may be needed in the region. While the City is not solely responsible for creating or implementing these components, it is a key stakeholder of the larger collaborative within Jackson County. Many of these activities are the responsibility of the CoC, County and other partners with which the City will be actively engaged and committed to supporting.

Leadership, Shared Vision, and Funding

Current Status - Leadership

The newly structured CoC Board is becoming a high-functioning body accelerating the region's response to homelessness. As noted throughout stakeholder interviews, the process of formalizing the CoC Board structure from the initial HTF indicates significant momentum in the community around addressing the issue; shows that decision makers are now around the same table; and has helped grow collaborative efforts. The Board is tasked with ensuring compliance with federally mandated activities for the CoC and can also act as the collective impact body for the region.

The 27-member board has key cross-sector leadership, including representatives from cities, the County, the Housing Authority, homeless services organizations, faith-based communities, healthcare, and those with lived experience of homeless. The Jackson County Community Services Consortium serves as the fiscal agent, while day-to-day duties of the CoC are handled by the CoC Manager and staff embedded within ACCESS.

The City has played a significant role within the new CoC structure. The City Manager was the chair of the new board during the first year and continues to participate in board activities. The City also helped fund the CoC Manager position. City staff are represented across multiple CoC workgroups and currently dedicate a significant amount of time to addressing homelessness. Although the City is engaged; several stakeholders indicated that they feel the City struggles with the perception that homeless individuals move to Medford from other areas, creating hesitancy to provide more services in fear of attracting more people. (This misperception was not validated during the completion of this plan and may not be truly representative of City Council.)

The faith-based and business communities have also expressed significant interest in addressing homelessness throughout the region. Many faith-based organizations are providing some level of homeless support or services, such as meal programs or handing out tents. Equally, the Chamber of Commerce and the Downtown Medford Association have been strong voices on the issue in recent years and express interest in contributing to homeless solutions. Better coordination within these communities, the CoC and other leaders could leverage resources and increase regional impact.

Several nonprofit homeless services providers offer both direct services and leadership within the region. Throughout the interview process, stakeholders expressed that a lack of resources in the region intensified competition within the service provider community and that some agencies can be “territorial” and “dominate the market.” One stakeholder noted that the Project Community Connect event is a successful example of coordination among service providers, but that the annual event should be expanded and occur more regularly.

Current Status – Shared Vision and Best Practices

Educating leadership and other stakeholders about national best practices for addressing homelessness is also important to align a shared vision across the region. Best practices in addressing homelessness include the person-centered principles of Housing First. HUD and USICH describe Housing First as an approach or philosophy that believes:

1. All people can achieve housing stability in permanent housing with the right supports.
2. Everyone is “Housing Ready.”
3. Improved quality of life, health, mental health and employment can be achieved through housing.
4. All clients have the right to self-determination, dignity and respect.
5. The configuration of housing and services should be based on participant’s needs and preferences.⁵⁹

While many organizations in the area expressed awareness of Housing First components such as “low barrier entry criteria” or “harm reduction,” additional education is needed. Several stakeholders discussed that many of the programs available in the city and region are faith-based and may not adhere to most Housing First principles. While these programs fill a need for some clients, the community also needs programs for clients who do not or cannot meet program requirements and need low-barrier options. Other stakeholders mentioned limited “institutional knowledge” of homeless services best practices and potentially a steep learning curve for entities such as law enforcement and elected officials.

Using data to help drive local decision making is considered a best practice when addressing homelessness. Although the use of HMIS is increasing among local programs, the region will need to increase participation in HMIS among all homeless services programs, regardless of funding source, in order to use data effectively for analytics. Increased HMIS participation will encourage the region to build data analysis and interpretation into all levels of discussion across the CoC; and data can help inform local policy and funding decisions.

Current Status – Funding

There is a lack of resources for addressing homelessness in both the city and county. As noted earlier, the CoC receives the lowest per capita funding through the HUD CoC program in the state, and both City and County resources are not currently sufficient to supplement the CoC funding. With limited funding, the region lacks the housing resources, both temporary and permanent, to effectively

⁵⁹ HUD and USICH: Core Principles of Housing First and Rapid Re-Housing Webinar 2014

address homelessness. Additionally, the available funds do not seem to be well coordinated across key public funders. While the City and County maintain lists of projects they fund, they do not currently make collective decisions about the best ways to combine funding to achieve maximum impact.

What is Needed? - Leadership

As the *Ten-Year Plan* ends, regional partners have an opportunity to renew their commitment to a shared vision to guide activity toward achieving regional goals. Some stakeholders expressed a need for the CoC to draft a strategic plan that will guide the Board and workgroups. Other stakeholders indicated the need to pivot from planning to initiating bold action steps. The CoC can increase its efficiency by formalizing roles and responsibilities among board members and partners. Although the CoC and its workgroups have excelled at developing an organization and structure, further delegation of activities will take projects from the planning phase to actionable implementation.

The City should continue to provide a leadership role within the CoC, including dedicating a single agency or staff position to serve as the homelessness lead. Currently, this role is allocated to different departments ad hoc, with the Planning Department handling many of the tasks. The role should be formalized and written into the mission of a City department, as well as in the position descriptions of City staff who will oversee planning and project management of the HSAP in conjunction with the CoC. The position should have some level of authority and decision making in alignment with City procedures.

Some stakeholders suggest that the City should leverage its position as a convener and play a role in formalizing and strengthening partnerships with faith-based partners, public agencies and others; as well as in defining a role for businesses, including the Downtown Medford Association and the Chamber of Commerce. The City can also help engage partners such as the education system, foster care organizations and those with lived experience in CoC activities. The healthcare sector, specifically CCOs, are critical partners that need to be part of the leadership table.

What is Needed? – Best Practices

Evidence-based best practices in addressing homelessness, such as Housing First, harm reduction, trauma-informed care, cultural competency and others need to be embedded in the development and operation of programs. However, implementing best practices can take time. Providers need to be trained, and some may be initially resistant to new methods. Increasing community awareness and education about best practices in homeless services and the evidence-base behind them is critical. Adopting best practices may represent a significant culture change, but investing in ongoing education will help create a culture to ensure there is sufficient buy-in when adopting evidence-based best practices.

The CoC has a Written Standards of Homelessness Assistance as mandated by HUD that guides all service provisions and the use of best practices. The CoC needs to begin training on these standards for all programs in the region, regardless of funding source. The City should incorporate the agreed-upon standards into all homeless services-related City funding opportunities and contract awards.

Data collection and outcomes tracking and building a collective performance-focused culture are other critical areas that regional leadership should embrace. The development and implementation of data tracking tools and performance metrics are essential to understanding how well the homeless system is performing, and key stakeholders should commit to regularly review, analyze and interpret local data for shared decision making. Data should be incorporated into all CoC Board meetings. Additionally, the CoC should increase its focus on a culture of performance, whereby higher-functioning, higher-performing programs receive more funding. This helps to ensure that funds are invested in high-quality programs and that funds are efficiently allocated.

What is Needed? – Funding

The region needs to increase resources from federal, state and local sources. Both the City and County need to direct more local funding to homelessness and specifically toward best practice activities that demonstrate a significant rate of return.

The region should also pursue the creation of a public/private funders' collaborative. A cohesive funders' collaborative made up of partners including the City, County, Housing Authority, ACCESS, CCOs, the United Way, Rogue Valley Council of Governments (RVCOG), Asante, Providence, Chamber of Commerce, local foundations and other business/private/philanthropic sector funders can align funding priorities locally to supplement HUD resources.

Currently, public and private funders are not coordinating funding decisions. A funders' collaborative would provide a place for cooperative decision-making, shared discussions about what activities to fund based on regional gaps, and more intentional decision processes when applying for and leveraging other state and federal funds.

Street Outreach

Street outreach is a critical component of the homeless services system. The 2018 PIT Count reported 329 unsheltered persons. MPD estimates, based on their police patrols, that approximately 100-150 homeless individuals live in encampments along the Greenway. Many individuals living outside may be reluctant to enter traditional homeless services, such as shelters, due to mistrust or high barriers to accessing services. The appropriate intervention for individuals who may be unwilling to access homeless services is intensive outreach to build trust and rapport and to support them when they do decide to access housing and services resources.

Current Status

At this time, street outreach programs in the city and county only exist for Veterans and youth ages 0-24 and parents. The ACCESS Supportive Services for Veterans Families (SSVF) program and Rogue Valley Veterans Community Outreach program provide outreach services for Veterans, while Maslow Project provides outreach services for young adults 18-24 and families. However, the majority of those experiencing homelessness, especially unsheltered homelessness in the city and region are non-Veteran single adults over the age of 24.

MPD is currently one of the few entities providing outreach support to this group, and while well-intended, is not trained or equipped to take on the role of dedicated street outreach personnel.

According to stakeholders, MPD are not necessarily focused on connecting people to housing and services. MPD expressed that they attempt to engage unsheltered individuals but that most individuals are reluctant to accept help. The time needed to truly engage individuals is outside the scope of their role and best practices do not support using uniformed officers as the only outreach staff in a community. In addition, the current use of MPD for outreach and encampment abatement is a significant cost to the City and other partners. Stakeholders indicated that there is a lack of cohesive and coordinated street outreach programs, and that the annual PIT Count may be the only time to engage those living outside.

What is Needed?

The City and the larger region need to immediately increase street outreach services for populations other than youth and Veterans. New street outreach resources could act as an access point for the local CES to ensure that those who may be hesitant to access homeless programs can still be engaged and put on a path to housing.

The City could develop a partnership with the County, as data indicate that many unsheltered individuals also struggle with behavioral health challenges including mental illness and substance use disorders. The City and County could contract with a nonprofit organization to perform outreach in encampments, along the Greenway, and in other areas where people experiencing unsheltered homelessness congregate. Outreach personnel can leverage the experience of first responders and should closely collaborate with law enforcement and other partners before planned encampment sweeps.

There are examples of business associations or improvement districts dedicating funds to hiring nonprofit social services street outreach staff, rather than security guards, Medford should explore this opportunity for the business sector to partner with the City and County on a mutually beneficial activity.

The City's policy around homeless encampments should also be updated. Currently, according to MPD, the City's response to homeless encampments involves posting a 24-hour notice prior to abatement. Belongings are stored for a certain amount of time and then discarded. Although this process ensures legal compliance, it is not paired with the provision of supportive services and offers to access temporary housing or relocation assistance. The focus and goals of abatement and cleanup efforts should shift to include more outreach, connection to services, and housing placement. The City's new enhanced encampment policy could serve as a model for other cities in the region and potentially inform a universal, regional policy around addressing homelessness encampments.

The City should pilot an outreach program with the appropriate agencies to address encampments located along the Greenway. By analyzing CES assessments of the characteristics and needs of encampment residents, the pilot could identify 10-20 high-vulnerability individuals to receive intensive outreach, temporary housing, and permanent housing placement.

Stakeholders also mentioned the need for a drop-in center, safe parking programs, and potentially a safe camping area for those living outside or in automobiles to stay while more long-term permanent housing is arranged.

Coordinated Entry

CES is mandated by HUD, which in 2017 issued guidance on the core components of CES and subsequent requirements including:⁶⁰

1. **Access:** The point at which individuals or families experiencing a housing crisis initially enter the homeless services system. Access points look different in different communities and may be a crisis hotline, drop-in center, or street outreach.
2. **Assessment:** After entry into the homeless services system, providers assess a household's vulnerability, needs, and preferences for housing and other services.
3. **Prioritization:** After assessment, homeless or at-risk households may be ranked by order of risk and need. This allows a community to prioritize those with the highest vulnerability and most-acute needs and helps the CoC effectively manage its inventory of resources.
4. **Referral:** After households are assessed and prioritized, they can be referred to the most-appropriate available service or program to address their needs.

Current Status

The CoC is responsible for oversight, coordination, and development of homelessness-related policies and procedures within Jackson County, including CES. There are various physical locations where homeless households can access the homeless system and receive initial support. Within Medford, the physical access points for specific sub-populations include ACCESS (Single adults, families, and Veterans), Maslow Project (Youth and families), and Community Works (Youth and Domestic Violence/Sexual Assault Survivors). Homeless households can also call 211 or visit 211.org for assistance. As noted previously, the CoC uses a common assessment tool, the VI-SPDAT, which is used to prioritize households for housing using a By-Name-List (Veterans and non-Veterans). These components are in line with national best practices and should be expanded.

The CoC currently has the structure in place for the first three components of CES, including Access, Assessment and Prioritization. The most significant missing component at this time is Referral to places people go after entering CES. This is mainly a resource issue. Without a supply of resources, including rental assistance, services and affordable accessible housing, people become “stuck” in CES. One stakeholder expressed that “homeless families and adults get trapped in CES while higher-needs people get access to the limited available services.” Another stated that, “there is no place for people to go after they stabilize” in a temporary housing setting.

What is Needed?

The City needs to support further development and implementation of the region's CES. For example, creating a dedicated position to oversee CES and providing funds to local nonprofits to carry out the

⁶⁰ HUD Notice CPD-17-01: Notice Establishing Additional Requirements for a CoC Centralized Coordinated Assessment System.

duties of implementing CES. The City can also engage other partners to assist with funding a position at ACCESS or another organization to serve as the region's CES coordinator; and the CoC should identify opportunities to support local agencies with implementation activities. The City should consider creating a single location that can serve as a CES access point for all homeless households. The City could also ensure that all contracts with homeless services agencies align with the region's CES policies and require participation in CES.

The region needs to significantly increase its supply of RRH, PSH and affordable housing to help increase the flow of people through CES. The region should create a resource map and use CES data for resource planning so that clients move quickly through the CES system, rather than the CES becoming a bottleneck with limited movement out.

Diversion and Prevention

Diversion and prevention are equally important components of the homeless services system as outreach and coordinated entry. Preventing homelessness through services and short-term assistance, as well as quickly diverting individuals and families from the homeless services system when alternate solutions are available, help to reduce the flow of people into homelessness and ensure resources are used for those who truly need them.

Examples of diversion may include: dispute resolution, locating a stable place to stay with friends or family while housing services and supports can be accessed, or assistance with obtaining benefits or other financial or services supports to secure and maintain stable housing. Prevention for households at imminent risk of homelessness may include short-term rental assistance or rent arrears, assistance with utility payments, legal services to prevent eviction, or other supports aimed at keeping individuals, youth and families housed.

Current Status

As noted previously, local data suggests that many households are struggling to maintain their housing and may be on the verge of falling into homelessness. Additionally, vacancy rates are low which increases competition for housing and disproportionately burdens those in the lowest income brackets who may not have the financial reserves for security deposits. Other financial- or credit-related barriers may also exist. The effectiveness of existing prevention efforts is unknown, including how well these services may be targeted.

Limited data exists regarding diversion. Although it is a small data set, during the last season of the Kelly Shelter, data showed that 16% of those who entered the shelter were staying in some form of housed situation the day prior to entry. Also, the CoC SPM's indicated that 720 persons who entered any temporary housing program during a one-year period were recorded as "homeless for the first time." This suggests that people may be entering shelter who, with appropriate diversion assistance, could have been diverted back to their housing situation. Effective diversion would ensure that shelter beds are reserved for those who truly have no other option.

What is Needed?

The CoC, City and County should work together to examine how each organization's funds are currently being allocated for homeless prevention and emergency rental assistance. The analysis should include information about how households are identified, who is targeted to receive assistance, and outcomes data (i.e., how many families stayed stably housed). Adjustments should then be made to ensure that low-income and struggling households who are most likely to end up homeless are identified and targeted for support. The City, County and CoC can then pursue opportunities to increase or streamline funding for homelessness prevention to assist these households with maintaining their housing.

Diversion can also be implemented across various programs including outreach and shelter. The CoC should create a diversion curriculum so that diversion and housing problem-solving techniques will be embedded in the culture of addressing homelessness across the spectrum of services.

The homeless services system should also increase eviction prevention services, including legal assistance services, to keep eligible households in rental units. These activities will ensure prevention resources are deployed in the most impactful way possible.

Temporary Housing

Temporary housing takes a variety of forms to address different needs, including low-barrier shelter programs, bridge and transitional housing, substance use treatment recovery housing and safe havens. Every region needs an array of temporary housing options available so that homeless households can be matched to the most appropriate temporary housing accommodation. National best practices promote low-barrier entry criteria and programming to ensure all individuals and families can be successful. Low-barrier entry criteria and programming generally means that programs:

- Do not require individuals to have income to enter the program or pay ongoing;
- Do not require individuals to be clean and sober to enter the program or stay in the program;
- Allow individuals to bring their pets and possessions;
- Do not exclude individuals with criminal justice histories from entering the program;
- Do not require individuals to take medications;
- Do not require individuals to participate in religious activities; and
- Identify all services and participation in the program to be voluntary.

Current Status

The city does not currently have a year-round, low-barrier emergency shelter program. However, several temporary housing programs exist within the city. Rogue Retreat also operates a low-barrier shelter program at the First United Methodist Church that provides 50 shelter beds to homeless men and women during the winter months. Rogue Retreat also operates Hope Village, a 30-bed tuff shed village on City-owned property that provides temporary housing in a community setting. Services at Hope Village include basic showers, restrooms and meals, as well as case management and referral linkages. Interestingly, the primary funders for Hope Village are the local CCOs. As referenced previously, CCOs are a network of healthcare providers working together to serve Oregonians enrolled in the Oregon Health Plan (Medicaid). CCOs focus on prevention and community-based service

provision, thus reducing emergency room visits and increasing long-term health supports and outcomes.

Another example is the Medford Gospel Mission, a 113-bed, 92-week temporary housing and treatment program. The Gospel Mission is designated as a clean and sober environment and requires individuals to commit to the program.

For youth ages 17 and under, Hearts with a Mission offers an emergency/transitional housing program in Medford; and Maslow Project offers a new 15-bed emergency (youth) temporary shelter during the winter months. Hearts with a Mission plans to expand the program to serve young adults ages 18-24. Additionally; the St. Vincent de Paul Family Shelter has 28 beds in Medford, but has many rules and requirements that create high barriers to entry.

The City recently adopted an ordinance that would allow homeless households living in their car to park overnight in the parking lots of designated faith-based organizations. Although this is technically not a temporary housing model, it provides an opportunity for those living in their cars, trucks or RVs to sleep safely and access services so they do not end up on the streets or in shelters and can more quickly return to permanent housing.

What is Needed?

The City should support the creation of a year-round, low-barrier shelter that includes beds for single adults, couples, and families to receive basic resources such as showers, laundry, meals, and a safe, indoor place to sleep. There was a strong consensus that a year-round shelter in the city is desperately needed, and many stakeholders indicated that the Kelly Shelter and the shelter in Ashland could serve as a model. However, operating a year-round emergency shelter is quite costly. A recent news article reported that in Portland to house a family in a homeless shelter if costs \$2,265 per month.⁶¹

The City should also determine if the shelter can act as a single access point for CES, including for diversion services. For many, entering an emergency shelter is the first contact with the homeless services system and a critical opportunity for individuals to complete the VI-SPDAT and be entered in CES. The shelter should also focus on transitioning individuals to suitable permanent housing as quickly as possible and should use data to track progress on housing-related outcomes. The new shelter should work with existing emergency shelters and temporary housing programs in Medford to define its target population and intake criteria. Any new program should also be integrated with and take referrals from CES. HMIS data for the Kelly Shelter (Appendix I) provides helpful information to understand population needs and appropriate service models.

The City should engage the faith-based and nonprofit communities to consider using existing parking lots for safe parking programs. The City can promote collaborations between the faith-based community and the CoC to raise funds for basic services including restrooms and showers, as well as on-site service links to assist those living in cars to exit to permanent housing.

⁶¹ Templeton, Amelia, "How Portland Tried, and Failed, to Provide a Bed for All Its Homeless Children," Oregon Public Broadcasting, March 13, 2018. <https://www.opb.org/news/article/portland-oregon-homeless-children-shelter-families/>

Permanent Housing

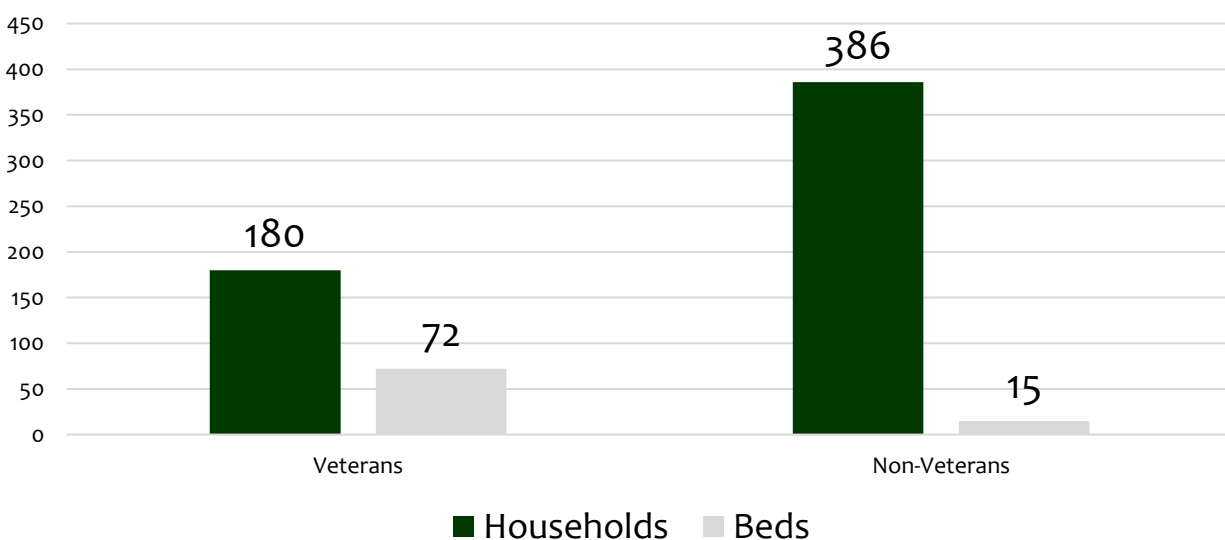
An array of permanent housing options is needed to serve the variety of needs for homeless and at-risk households in the city. These include development of affordable housing, RRH and PSH for a variety of income brackets at or below AMI.

Current Status

The city and region's low vacancy rates and affordability issues indicate a substantial lack of affordable housing to serve households in income brackets at or below AMI. Additionally, there is currently no landlord engagement program to provide incentives (e.g., damage funds, holding fees, etc.) for private landlords to rent to subsidized households.

The region also lacks an adequate number of RRH beds and what is available is limited. Most RRH units in the region are designated for Veterans, including 72 funded through the SSVF program. ACCESS also operates 15 RRH beds using HUD ESG funding and other sources. These resources fall below the demand, considering that currently 566 households in the system, most of them non-Veterans, have been identified as needing RRH (Figure 13).

Figure 13. Households Scoring for RRH vs. Bed Inventory

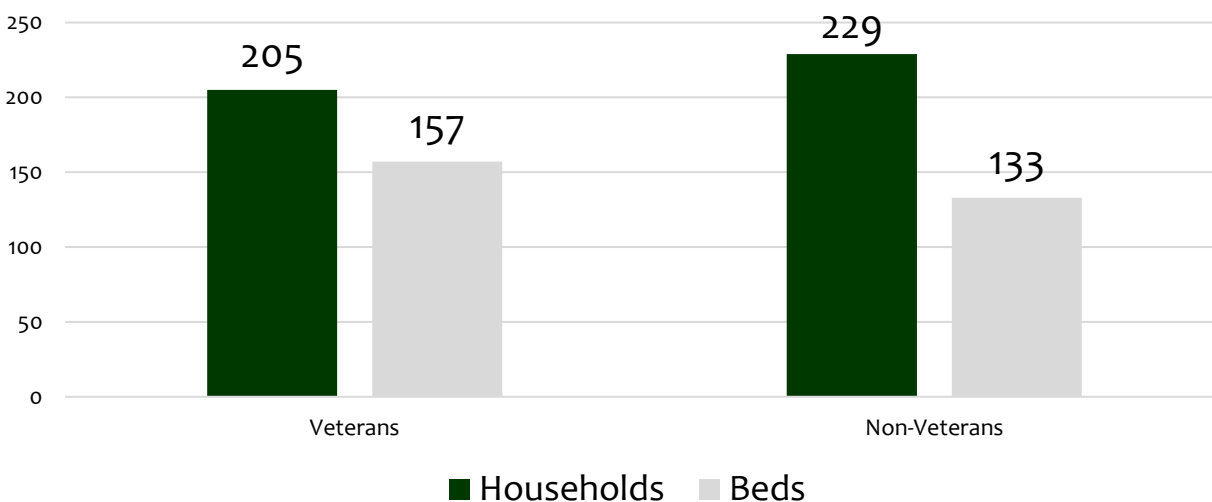


When reviewing the existing data from current RRH programs within the CoC, the success with exiting households successfully transitioning to their own permanent unit after assistance is high. For households who stayed in the program for less than 90 days, 67% exited to permanent housing; while 82% of those who stayed longer than 90 days exited to permanent housing, demonstrating solid housing outcomes. The average length of stay in the program was 269 days, or roughly 9 months (See Appendix F).

With respect to PSH, 54% of the region's existing stock is dedicated to Veterans through the HUD VASH program. There are very few PSH beds for non-Veterans, and 98 of these beds are reserved for people in families, leaving only 35 beds for single adults. Additionally, most of the PSH resources are currently

filled and new people cannot access these resources until there is turnover. See Figure 14 below and Appendix G for additional detail.

Figure 14. Households Scoring for PSH vs. Bed Inventory



Lastly, there is extreme lack of affordable housing stock in the city and region. This was the largest issue voiced by all stakeholders interviewed, and some stated that there are countless stories of working poor and those on fixed incomes (such as seniors) who are falling into homelessness because of the housing problem.

What is Needed?

Partners in the city and the region need to embrace the concept that homelessness is at its core a housing issue and that there is no way to make meaningful impact on homelessness without addressing larger housing needs in the region.

Increase Rapid Re-Housing

Significantly increasing resources for RRH for non-Veteran single adult households and families should be a high priority. Local data through SSVF has demonstrated that RRH can be extremely successful with placing people into permanent housing. RRH can be increased quickly as it does not require the creation of new physical units and is not a long-term rental assistance model. The cost of RRH per household and the duration of rental assistance depends on the needs of the person being served. However, RRH assistance is lasting 9 months on average within the county. Based on this, the average cost per household for RRH is \$12,317.

The region should also explore pursuing shared housing or roommate matching models for RRH with single adults so that they are more likely to be able to take on rent responsibility over time. The region should also ensure there are strong partnerships between RRH programs, local workforce development programs and local businesses to help people increase their incomes.

Because RRH and other tenant-based rental assistance programs such as the HCV program through the Housing Authority rely on the existing rental market for units, a strong regional effort is needed to engage landlords and provide funds to incentivize landlords renting to homeless households using a flexible fund of dollars that could be managed by a single entity. Engaging and educating landlords can increase the likelihood of renting to formerly homeless or at-risk clients. Landlords may be resistant to renting to households with low incomes, poor rental history, a criminal background, or other characteristics. However, many property owners and landlords are willing to work with homeless households if service providers can alleviate some of the concerns and risks.

Engage Landlords

The CoC should launch a regional landlord engagement program that includes landlord outreach and education, as well as financial incentives such as paid security deposits, holding fees, damage mitigation funds and move-in supplies. The CoC should partner with cities and the County, and especially the Housing Authority, to develop and implement a landlord engagement program throughout the region.

Increase Permanent Supportive Housing

The City and the region need to significantly increase PSH programs and prioritize PSH development primarily for single adults. New PSH development should be distributed equitably throughout the city and not concentrated in only a few areas. The City, County and Housing Authority need to partner on PSH development via new development or the acquisition/rehab of other properties such as underutilized hotels.

Building new PSH units takes time. In the immediate future, the City, County and Housing Authority should work together to use tenant-based vouchers for PSH. The Housing Authority could implement a homeless preference in their HCV program and dedicate turnover vouchers to be used as PSH. The City or County could partner with the Housing Authority to fund services that could be paired with those vouchers. The region should also explore partnering with the local hospitals and the CCOs on a PSH pilot that could provide funds for supportive services. Not counting development costs, the average cost of operating PSH (rental subsidies, services, and administrative costs) per unit, per year is roughly \$11,358 according to a report presented by the CoC.

Besides creating new PSH programs, the CoC should examine PSH outcomes to improve retention rates and to align prioritization decisions with HUD-funded PSH regulations. When looking at the 2018 data of all PSH programs, 16% of those who entered a PSH program did so from a non-homeless situation and nearly half did not have any conditions such as mental illness, substance use disorder or chronic health conditions. There is also a high-turnover rate relative to national models with many clients staying less than a year, and for those who stayed longer than 90 days, only 30% are exiting successfully to other permanent housing locations. This data should be a priority discussion at the CoC Board level. (Appendix G).

Increase Affordable Housing

Most important, the City and the region need to create more affordable housing. Both new construction and rental subsidy strategies should be considered to increase the affordable housing

supply. Stakeholders mentioned that the City can create additional financial mechanisms to spur affordable housing development, such as bonds, Tax Increment Financing (TIF), and creation of an urban renewal agency in partnership with the Downtown Medford Association. Many noted that the Construction Excise Tax (CET) is helpful, but not enough to meet the need. Other ideas included leveraging Urban Growth Boundary policies to incentivize more building. Affordable housing development needs to be blended into other development, rather than a “donut” effect as the city grows. The City could continue to increase its role in affordable housing development by lowering fees, making zoning changes, participating directly in construction and/or working with the Housing Authority to engage more housing developers. The City could also implement an ADU program that waives certain development fees and streamlines the process for homeowners to develop a second unit on a single-family property.

Goals and Actions

The following goals and strategies build off the system assessment information above. Also, many are similar to the goals and strategies in the *Ten-Year Plan*. Although the plan was created 10 years ago, many of the goals remain the same. If homelessness is to be impacted, the City, County, and larger region need to place more urgency on the issues, come together with a shared vision and implement the goals outlined in the *Ten-Year Plan* and those identified below.

The table below outlines five overall goals in order of priority for the City:

1. Increase the Supply of Affordable and Supportive Housing;
2. Increase Leadership, Collaboration and Funding;
3. Address Unsheltered Homelessness and Encampments;
4. Increase Temporary Housing Programs and Successful Placements; and
5. Increase Diversion and Prevention Strategies.

The following goals are specific to the City, but many are also applicable to the larger regional effort. For the majority of each goal and subsequent actions, the City alone cannot successfully accomplish them and will need strong support and buy-in from a variety of stakeholders. Each goal and accompanying actions include information on timeframe, potential partners and role of the City.

Goal #1: Increase the Supply of Affordable and Supportive Housing			
Actions	Role of the City	Timeline	Potential Partners
Action #1.1: Continue implementing Housing Advisory Committee recommendations, through the newly appointed permanent Housing Advisory Commission, including prioritizing affordable housing project review, creating developer incentives, and updating policies and standards to facilitate increased density and allowing for innovative housing models.	Maintain current role within Housing Advisory Commission and ensure recommendations from the HSAP are incorporated into ongoing Commission recommendations.	Within 6 months: create strategy to continue to implement recommendations. Year 1-2: continuing implementation.	Current members of the Housing Advisory Commission

Goal #1: Increase the Supply of Affordable and Supportive Housing

Actions	Role of the City	Timeline	Potential Partners
Action #1.2: City and County work collaboratively to set annual housing production goals.	Reach out to appropriate County personnel to begin discussions regarding setting goals.	6 months	County, Housing Authority
Action #1.3: City and County work collaboratively to inventory all available publicly-owned land (City, County, State, and Federal) that may be suitable for housing development. Additionally, work with faith-based community and non-profits to identify land they may own for affordable/supportive housing development.	Begin inventorying land and reach out to County personnel to work with them on creating regional inventory list. City and County engage faith-based community and non-profits.	6-9 months	County, MURA, Faith-Based Community, Non-Profits
Action #1.4: Engage private landlords in the city to rent to homeless households and develop a city or region-wide landlord engagement program that could provide funding for financial incentives to local landlords, deposits and application fees, and damage/mitigation funds.	Create landlord engagement campaign targeted at landlords to rent to homeless households. Work with partners to create funding pool that would provide financial incentives to landlords, deposits, damage funds, and other housing related expenses for homeless households to access.	Year 1, ongoing.	CoC, County, Housing Authority, VA
Action #1.5: Increase RRH resources for non-Veteran households, both families and single adults. It is estimated that the region needs to create a MINIMUM of 83 RRH units for single non-Veteran adults and 22 units for non-Veteran families to meet current demand.	City needs to prioritize existing City funds that could be used for the rental assistance portions of RRH. The City should also work with the Housing Authority to understand if there are any rental assistance funds that could be paired with City funds for the use of RRH. The City should then engage in discussions with the County and CCO's to help determine funds to be used to provide the case management support with the rental assistance.	Year 1	Housing Authority, County, CCO's, CoC, and non-profit homeless services providers

Goal #1: Increase the Supply of Affordable and Supportive Housing

Actions	Role of the City	Timeline	Potential Partners
	The City can work with CoC to determine best way to roll out the new RRH program		
<p>Action #1.6: Increase the supply of new PSH units for non-Veteran single adults.</p> <p>It is estimated that the region needs to create a MINIMUM of 259 PSH units (Includes 245 for non-Veteran single adults and 14 for non-Veteran families to meet current demand).</p>	Prioritize the creation of new PSH. This can include acquiring and rehabbing underutilized or closed hotels or motels, using pre-fabricated or modular units on City-owned land while traditional development is considered, and use City-owned property for PSH development. Work with County, VA, CCOs, and ACCESS to discuss funding of supportive services.	Year 1-3, or longer	County, Housing Authority, MURA, CoC, ACCESS, CCOs, Hospitals
<p>Action #1.7: Engage the County, Housing Authority, CCO's, and hospitals to create a PSH pilot targeted to frequent users of healthcare systems.</p>	Convene partners to discuss the creation of a PSH pilot that could be targeted to high-cost homeless individuals. To quickly create a pilot, the most efficient way would be to determine how to create new PSH rental assistance (in form of voucher or other source) and pair with services funds ideally funded by the healthcare sector.	Year 1-2	County, Housing Authority, CoC, CCO's and Hospitals
<p>Action #1.8: Explore zone changes that would facilitate development of affordable housing, including density bonuses, multi-family zoning, and by-right development.</p>	City is responsible for this action.	Year 1	None
<p>Action #1.9: Implement an ADU program to include SDC waivers. Explore opportunities to create a low-interest ADU loan program for homeowners. Develop permit-ready ADU design options.</p>	City is responsible for this action.	Year 1-2	None

Goal #2: Increase Leadership, Collaboration, and Funding

Actions	Role of the City	Timeline	Potential Partners
Action #2.1: Identify a single point of contact within the City who is responsible for homelessness and can oversee Action Plan implementation.	City is responsible for this action.	1 Month	None
Action #2.2: Continue to assess the estimated City and public costs of managing homelessness, including calculating staff time, emergency response, property damage, etc. Use the information to quantify needs and continue to strengthen the business case to invest in housing and services for homeless households.	Work with other sectors including healthcare and criminal justice to identify the costs associated with homelessness.	6 months to 1 year	County, CCOs, hospitals, other Cities
Action #2.3: Create a cross-sector Funders Collaborative that includes both public- and private-sector funders.	Convene all regional public and private funders to establish a regional funders collaborative to begin discussion of funding needs, priorities, and best way to align and increase funding for impact.	Within 6 months, ongoing	County, Housing Authority, other Cities, CoC, VA, CCOs, Hospitals, and private funders
Action #2.4: Support creation and implementation of a City and faith-based collaborative to identify shared goals, coordinate activities, and explore opportunities related to safe parking programs, shared housing opportunities, and affordable housing development. (This can be combined or expanded with CoC Faith-Based Workgroup)	Convene all faith-based organizations within the City on an ongoing basis to discuss needs, strategies, and share best practices.	Within 6 months, ongoing	Faith-Based Community
Action #2.5: Support creation and implementation of a City and business sector work group to address issues, develop education materials, and explore partnership opportunities related to workforce development and training.	Convene the Chamber, DMA, and other interested businesses in the City on an ongoing basis to discuss needs, strategies, and share best practices.	Within 6 months: create work group. Year 1, ongoing: develop education	Chamber, DMA, other business partners, CoC

Goal #2: Increase Leadership, Collaboration, and Funding

Actions	Role of the City	Timeline	Potential Partners
		materials and explore workforce development and training opportunities.	
Action #2.6: Support the creation and implementation of a Lived Experience Advisory Board that would provide input on City policies and programs as well as regional approaches. Determine with the CoC, if this is best created at a regional level as part of the CoC but could still provide input on City specific activities.	Work with CoC and other non-profits to identify potential board members who are current or past participants in homeless services or have been homeless in the city. Act as the group convener and support Board members with incentives for their participation.	6 months to 1 year, ongoing	CoC, Non-Profits, and other CoC partners
Action #2.7: Create an area resource map using Geographic Information Systems (GIS).	Work with CoC and other partners to identify and document available resources for homeless households throughout the city.	1 year	RVCOG, CoC, County, Non-Profits
Action #2.8: Continue to participate and provide leadership within the CoC and invest in build-out of infrastructure through the CoC.	Work with CoC to determine infrastructure needs of the CoC and dedicate funds with other regional partners.	Year 1, ongoing	All CoC partners
Action #2.9: Require applicants demonstrate adherence to best practices and community standards in all City contracts for homeless services.	City is responsible for this action but may need input from CoC on community standards.	Year 1, ongoing	CoC
Action #2.10: Develop a performance culture within the City where City funds are only provided to programs that demonstrate positive outcomes.	City is responsible for this action but may need input from CoC on performance measures.	Year 1-2, ongoing	CoC

Goal #2: Increase Leadership, Collaboration, and Funding

Actions	Role of the City	Timeline	Potential Partners
Review current contracts and potentially shift funding to higher performing projects.			

Goal #3: Address Unsheltered Homelessness and Encampments

Actions	Role of the City	Timeline	Potential Partners
Action #3.1: Create a Greenway Response Ad hoc Working Group to support planning activities and increase collaboration between key agencies and other outreach partners, such as street outreach personnel, MPD, Public Works, County Behavioral Health Services, impacted local businesses, and other outreach partners.	Convene all partners who have a stake in the Greenway.	6 months to 1 year, ongoing	Various City Departments, County, CCOs, CoC, and Business partners
Action #3.2: Increase resources for non-uniformed street outreach services dedicated to single adults and pair outreach staff with MPD.	Dedicate City funds to increasing street outreach services and work with County and other partners such as CCO's and business groups to identify funding to match.	6 months	CoC, County, CCOs, Business partners
Action #3.3: Create a pilot to address encampments in the Greenway to assess individuals, provide intensive supports, and offer housing placements.	As part of Greenway Response Ad Hoc Working Group discuss idea of a pilot.	Year 1	Various City Departments, County, CCOs, CoC, and Business partners

Goal #3: Address Unsheltered Homelessness and Encampments

Actions	Role of the City	Timeline	Potential Partners
Action #3.4: Update City policies related to encampment abatement to include proactive outreach responses and offer support prior to 24-hour posting and abatement.	City is responsible for this action. Update policies based on input from Ad Hoc Working Group and pilot activities	Year 1-2	Various City Departments

Goal #4: Increase Temporary Housing Programs and Successful Placements

Actions	Role of the City	Timing	Potential Partners
Action #4.1: Support the creation of a year-round, low barrier shelter program for single adults, families, and couples. Keep the winter shelter program during first year of operation and consider if needed beyond that timeframe.	Identify site within the city to be used for shelter program and provide funding to help develop and operate as needed.	Year 1-2, ongoing	CoC and County
Action #4.2: As part of year-round shelter, consider creating a Central Access Point within the city that could be the starting place for all populations to access the homeless services system.	Work with CoC to understand if this is needed.	Year 1	CoC
Action #4.3: Only provide City funds to temporary housing programs that have adopted best practices such as Housing First that includes a low barrier entry criteria and harm reduction, uses HMIS, and uses the CES.	City is responsible for this action.	Year 1-2 (can be done in conjunction with activities 1.7 and 1.8)	None

Goal #4: Increase Temporary Housing Programs and Successful Placements

Actions	Role of the City	Timing	Potential Partners
Action #4.4: Work with interested churches to create safe parking programs in their parking lots. Promote partnerships that provide funding to churches to ensure adequate restrooms and basic services at the lots and funds for service engagement. Engage church volunteers to assist with other services at the parking lots.	Engage area churches to develop safe parking programs. Identify funds to provide to area non-profits or churches to operate programs. Engage CoC to ensure that parking programs are interacting with CES.	Year 1 (note: the City recently passed a safe parking ordinance in Feb 2019)	Faith-Based Community and CoC

Goal #5: Increase Diversion and Prevention Strategies

Actions	Role of the City	Timeline	Potential Partners
Action #5.1: Increase resources for homelessness prevention and ensure City funds are targeted to households most likely to become homeless and funds are used efficiently.	Conduct assessment of current contracts where the City is providing funds for homelessness prevention and/or emergency assistance and evaluate target populations and outcomes. Based on assessment, increase funding for activities that are making an impact in preventing households from becoming homeless.	Year 1-2	CoC
Action #5.2: Provide increased funding for legal services to support City residents facing eviction.	City is responsible for this action.	Year 2	Center for Nonprofit Legal Services

Goal #5: Increase Diversion and Prevention Strategies

Actions	Role of the City	Timeline	Potential Partners
Action #5.3: Increase diversion training and activities and incorporate into CES and temporary housing programs.	Provide funding to CoC to create and expand Diversion training to all area non-profits. Work with other partners such as the County to provide funding match.	Year 1	CoC, County
Action #5.4: As part of a diversion strategy, increase shared housing and/or roommate matching strategies to connect homeowners who may have a room to rent or to connect homeless individuals together to live as roommates.	Work with CoC to engage in discussions with CoC partners to discuss shared housing models.	Year 1-2	CoC
Action #5.5: As directed by City Council, increase resources to reunite homeless individuals with their family or support network outside the City of Medford.	Work with the COC and other interested partners to develop a reunification program that follows best practices and community standards.	Year 1	TBD

Appendix A. Documents Reviewed in Development of the HSAP

- Jackson County, Oregon 10-Year Plan to End Homelessness (June 2009)
- City of Medford, 5-Year Consolidated Plan and Analysis of Impediments to Fair Housing Choice (May 2015)
- City of Medford, Comprehensive Plan: Housing Element (December 2, 2010)
- Ten-Year Plan to End Homelessness in Jackson County: Progress Highlights on the Six Strategies 2009-2018 (September 2018)
- Business Perceptions of Homelessness and How Homelessness Impacts Business along the I-5 Corridor in Southern Oregon, prepared by SOU MBA students (March 2018)
- Homelessness in Jackson County: Service Providers Perceptions and Needs, prepared by SOU MBA students (March 2018)
- City of Medford Residential Homelessness Survey 2018, prepared by SOU MBA students (January 2018)
- Southern Oregon University Graduate Research on Homelessness: Presentation to Continuum of Care (May 2018)
- HUD 2018 Continuum of Care Homeless Assistance Programs Housing Inventory Count, CoC OR-502 Medford/Ashland/Jackson County
- HUD 2018 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations, CoC OR-502 Medford/Ashland/Jackson County
- HUD 2017 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations, CoC OR-502 Medford/Ashland/Jackson County
- 2017/2018 Program Year Consolidated Annual Performance Evaluation Report for the City of Medford Community Development Block Grant Program
- Housing Advisory Committee Recommendation List (undated)
- ECONorthwest memorandum “Medford Housing Strategies,” January 8, 2018
- ECONorthwest memorandum “Policies to Support Housing Development,” October 24, 2017
- ECONorthwest memorandum, “Affordable Housing Development Tool Descriptions,” October 24, 2017
- City of Medford Ordinance No. 2018-15, adopting an Affordable Housing Construction Excise Tax
- ECONorthwest, “Medford, Oregon Housing Market Overview,” October 11, 2018

Appendix B. Individuals Interviewed for Plan Development and Summary Input

The following table includes the individuals who participated in one on one interviews and shared their impressions and input as stakeholders for the development of this plan.

Name	Title	Organization	Date interviewed
Constance Wilkerson	CoC Manager	Jackson County CoC	Dec 20, 2018
Chad McComas	Executive Director	Rogue Retreat	Jan 2, 2019
Jason Elzy	Executive Director	Housing Authority of Jackson County	Jan 24, 2019
Linda Reid	Housing Program Specialist	City of Ashland	Jan 28, 2019
Cindy Dyer Joseph Chick	Housing Director Supportive Housing & Veterans Services Administrator	Columbia Care	Feb 4, 2019
Mary Ferrell	Executive Director	Maslow Project	Feb 8, 2019
Clay Bearnson	Liaison to Housing Advisory Commission	City Council	Feb 21, 2019
Pamela Norr	Executive Officer	ACCESS	Feb 26, 2019
Ed Smith-Burns Maria Underwood	Outreach Director/ Chief Development Officer	La Clinica	Feb 26, 2019
Barbara Johnson	Executive Director	Community Works	February 26, 2019 (email response, only)

From the interviews above several major themes emerged. Below are details of ideas and input under the major themes across the multiple interviews.

CoC structure and function:

- Process of formalizing the CoC Board structure from the initial Task Force signifies the momentum in the community around addressing the issue of homelessness. Collaborative efforts are growing and the Board is considered high-functioning.
- Across all of the working groups, a broad cross-section of providers and City departments are represented. Demonstrates local buy-in across sectors to tackle homelessness. There are also now more decision-makers at the table.
- Need to identify which players are not at the table for all the CoC work groups. May be missing education and foster care industry, as well as people with lived experience.
- Partners are laying a good foundation now, but stakeholders express the need to pivot from planning to action steps. People are committed to the mission of addressing homelessness, but it is a lot of meetings and people may get burned out without some early wins to demonstrate.

- The partners are no longer considering whether the Medford/Ashland/Jackson County CoC should remain independent or merge with the Balance of State CoC, rather the newly structures CoC plans to continue efforts to strengthen the CoC.
- The CoC Board and workgroups need a true strategic plan. Some stakeholders cited examples of other CoCs in Oregon that have mobilized and advocated for more funding/resources at all levels.
- CoC needs to create an inventory/map of available local services [Update: Rogue Valley COG has a GIS specialist working on this in February-March]. The community can also use this inventory to identify if there is any duplication of services.
- There are lots of services, but not necessarily a lot of diversity of services. Many providers are faith-based programs providing basic needs services such as food and hygiene. Needs to be a continuum of services available.

Defining the role of the City:

- The City could play a role in formalizing and strengthening partnerships with faith-based groups, public agencies, faith-based partners and others; leveraging its position as a convener.
- City Council, city agencies and the big service providers in the region could leverage their position and influence to advocate for more resources and more buy-in.

Increasing urgency to address homelessness:

- While there is some consensus that local agencies are addressing homelessness more seriously and directly, there is also some feeling that people are caught up in talk and meetings, and stakeholders would like to see action steps and projects launched.
- Still battling the perception that homeless individuals come to Medford from other areas, or that if the city provides services more people will move there. Need community education and to fight those negative stereotypes.
- Political pressures are a factor in the new momentum to address homelessness, both on the part of NIMBY groups as well as locals wanting the City to do something about the issue.

Need for shelter:

- Strong consensus that a year-round shelter is needed. Difficult to identify a suitable site, for technical reasons as well as NIMBYism.
- Need for more domestic violence/sexual assault shelters, as well as more transitional housing for youth. The available shelter services for families can be high-barrier (e.g. only open to heterosexual couples, etc.).
- Several stakeholders cited the shelter in Ashland as an example that Medford could draw lessons from.

Lack of funding and other resources:

- Medford is relatively rural, and the community is generally underfunded and under-resourced. Several key services are missing. The lack of funds is a serious issue for sustaining or creating programs and also developing more affordable housing. There is a goal to expand the CoC grant.

- There is limited institutional knowledge of homeless services best practices. The learning curve can be steep for agencies such as law enforcement or the Mayors' offices.
- Lack of resources creates competition between providers. Agencies can be territorial. Just a few players dominate the services market.
- For homeless families and individuals, they can get 'trapped' in CES while higher-needs people get access to the limited available services. The existing emergency shelter functions more like transitional housing because there is a waitlist. Clients can't just walk in.

Lack of available affordable housing stock:

- Critically low affordable housing stock is available. There are numerous stories of working poor and people on fixed incomes (such as seniors) falling in to homelessness. Stakeholders expressed some interest in manufactured/modular homes to increase stock.
- Housing Authority tries to bring 150-200+ units of housing online every year, but there is a lack of developers and funding. City could increase their role in affordable housing development, such as by lowering fees, making zoning changes, and/or participating directly in construction. City can also work with the Housing Authority to engage more housing developers.
- City could also make zoning changes to make it easier to construct shelter and transitional housing, as well as inventorying vacant and blighted properties for conversion. One stakeholder had a comment about the City working well with providers and partners on housing for people in substance use treatment or recovery.
- Critical need for workforce housing.

Programming ideas:

- Stakeholders cited the dominance of programs that are faith-based, and may not be strictly adhering to best practices. They fill a need, but the community also needs programs for clients who do not or cannot meet program requirements.
- Lack of cohesive street outreach program. Maslow project does outreach to youth and families, and the PIT Count offers limited opportunities to do outreach to the unsheltered population; and the PIT County is not a structured program. Providers may be able to leverage the La Clinica mobile clinics to aid in outreach strategies.
- Medford PD Greenway clean-ups are currently the only real street outreach and it is not necessarily focused on connecting people to housing or services.
- There are no dedicated funds to incentivize landlords to rent to homeless households. There is also a need for an eviction prevention program and other forms of landlord engagement.
- Need for a drop-in center and safe parking or safe camping area for unsheltered homeless individuals who may not be able to go into shelter. [Update: in February, the City approved a safe parking ordinance.]
- The Housing Authority wants to develop and manage PSH and is planning to apply to do so in 2020. The Housing Authority is overall interested in creating more homeless housing. They want to be a model for other Authorities and states.
- The City can create additional financial mechanisms to spur affordable housing development, such as bonds, TIF, creation of an urban renewal agency in partnership with the Downtown Business Alliance, and more. The excise tax is helpful but is not enough to meet the need.

- Leverage Urban Growth Boundary policies to incentivize more building. Affordable Housing development needs to be blended into other development, rather than a “donut” effect as the city grows.
- Need to more thoughtfully engage healthcare partners.
- Critical need for a community education initiative.
- Navigation between agencies needs to be improved. Clients need a “warm handoff” between agencies wherever possible.
- Critical need for more mental health services and also crisis intervention services.
- Stakeholders would like to see a roll-back “criminalization” policies such as ticketing and move-along efforts.
- The business community is a strong voice on the issue of homelessness. There seems to be interest in defining a role for businesses, including the Downtown Business Alliance, agriculture, and the Chamber of Commerce.
- The Project Community Connect event was cited as a successful example of coordination between providers, but that is only once a year. That level of coordination and cooperation should be expanded and happen more frequently.

Data:

- Use of HMIS is increasing, but still needs to reach a critical mass to have effective data analytics.
- There are several programs, although not enough to meet the need, but there is no place for people to go after they stabilize. Need to be able to track program outcomes once people transition into housing. This will help ensure limited resources are prioritized and functioning efficiently.
- Would be helpful to have costs of what the City is currently spending just to manage homelessness. Need to be able to demonstrate the cost-benefit analysis and compare to examples of Housing First interventions.
- CCOs are a critical partner. The community needs better data sharing and the ability to share housing status data across healthcare and other service agencies.
- Need to use data to identify people’s unique needs. There is a perception among some stakeholders that a one-size-fits-all approach is often taken when addressing homelessness, but people need tailored services.
- City needs to complete an inventory of all available beds, regardless of funding source, so that they have a full list and can weigh that against PIT numbers to identify gaps and needs.

Appendix C. Feedback from Survey

In order to collect as much qualitative data as possible about the strengths, gaps, needs and challenges of the Medford/Jackson County homeless services system, the consulting team, in collaboration with City of Medford staff, created and distributed a survey to numerous local stakeholders representing several different sectors.

The short survey (nine open-ended questions) was developed using Survey Monkey and distributed via email to stakeholders identified by City staff. The link to the survey was sent to recipients January 2018 and was open for two weeks. In total, 81 respondents completed the survey. Summary information is compiled below.

Q1. Which of the following best describes your organization?	
City agency	12.35% (n=10)
Other government agency	11.11% (9)
Faith-based organization	23.46% (19)
Nonprofit homeless service provider	24.69% (20)
Other community nonprofit	28.4% (23)

Note: some respondents may fall into more than one category (e.g. a City employee who is also active in the faith community) but the survey requested one answer only.

Q2. Please describe what you see as current system strengths.

Common themes:

- Partnerships, community buy-in, good working relationships and coordination among providers.
- Momentum and vision, willingness to address homelessness in the region.
- The CoC structure, various working groups, and the role of the Homelessness Task Force.
- Beginning to implement coordinated entry, increasing access to federal and state funding.
- A few respondents said “none” or otherwise had negative things to say on this point.

Select quotes:

“Good working relationships, buy in, willingness to try new ideas.”

“Community providers that works well together.”

“Lots of people who care.”

“People are paying attention.”

“Too early to tell...”

Q3. Please describe what you see as gaps in the current system.

Common themes:

- Need for more affordable and supportive housing stock.
- Lack of available mental health and substance use disorder services locally.
- Acute need for more emergency shelter, interim, and transitional housing beds.

Select quotes:

“Not enough resources available.”

“Housing availability, shelters with ease of access, low income housing.”

“I think the biggest gap is mental health support.”

“Hospital discharge protocols, lack of shelters or safe places for the homeless community to gather without interference.”

Q4. Which groups of people experiencing homelessness do you think have the greatest need in the community (e.g. Veterans, youth, etc.)?

Common themes:

- Every subpopulation of people experiencing homelessness was called out in some form in response to this question: Veterans, youth, families, chronically homeless individuals, families, people with mental illness, etc.

Select quotes:

“If they are homeless, they all have needs. Everyone is different.”

“Youth and families are more vulnerable than a healthy adult.”

“Anyone who does not have a home! I understand the need for data, but we get so bogged down with collecting data... we contribute to the slow pace of problem solving.”

“All, don't segment.”

Q5. Describe one or two things you'd like to see the City take on in the short-term (1-3 years) to address homelessness.

Common themes:

- Develop more emergency and transitional housing, especially a year-round shelter. Safe parking and/or safe camping style programs were also referenced.
- Remove barriers to building more affordable housing.
- Homelessness prevention.
- Increase mental health services.

Select quotes:

“Provide more year-round shelter and a couple of car camping sites.”

“Permanent homeless shelter and building more subsidized housing.”

“More housing.”

“Have mental health be accessible immediately without having to send someone to the hospital.”

“Prevention programs.”

“Coordinated regional no/low barrier shelter. Family shelter.”

Q6. Describe one or two things you'd like to see the City address in the long-term (5+ years) to address homelessness.

Common themes:

- Increase the stock of affordable housing. Some respondents specifically called out innovative or creative models to reduce costs, such as modular construction or tiny homes.
- Workforce and career services to increase income and financial stability.
- Greater investment in mental health services.
- Tenant protections.
- Many respondents said “unsure” or “don't know.”

Select quotes:

“The building of more low-income housing.”

“Career retraining and mental health support.”

“Build more affordable housing.”

“Jobs, meaningful employment and education opportunities that will reduce the cycle of poverty. More funding into law enforcement and social services for drug abuse and domestic violence.”

“Rent Control.”

“Continued investment in affordable housing with lower barriers to entry. More robust volunteer network for those to add community connections and networking.”

Q7. Describe one or two things you'd like to see the regional CoC address in the short-term (1-3 years).
Common themes:

- Increase coordination among partners and engage the community more.
- Open a year-round shelter.
- Better data collection. Many responses were essentially describing a Coordinated Entry System.
- Many respondents were not familiar with the local CoC or knew the purpose of the continuum.

Select quotes:

“Engaging more service providers in collaboration. Completing development of the use of shared database and wrap arounds.”

“Help agencies input accurate and complete info, and for them to access the list to provide services.”

“Stop talking set some measurable goals and coordinate their accomplishment.”

“Identify a permanent shelter facility. Engage Jackson County as a financial partner.”

“I don't know what the CoC does vis-a-vis the city.”

Q8. Describe one or two things you'd like to see the regional CoC address in the long-term (5+ years).
Common themes:

- More housing was almost universally the answer to this question.
- As notes above, many respondents were unsure the role of the CoC.

Select quotes:

“More housing.”

“Affordable housing.”

“Invest in more supportive housing models.”

“Housing, more housing.”

“Not sure.”

Q9. Do you have any additional thoughts or comments you'd like to share?

Common themes:

- Many people responded “no” or “N/A” to this question.
- Several respondents expressed thanks and appreciation for the City, service providers, and the region continuing to address the issue.
- Several others expressed compassion and support for addressing the needs of people experiencing homelessness locally.

Select quotes:

“In general, seems the population is getting more acute both medically and mentally and require housing with additional supports in place.”

“Any programs that have worked for other cities across the country should be given careful thought and consideration. Our goal should always be to restore the dignity and self-worth of every homeless individual whatever form that takes.”

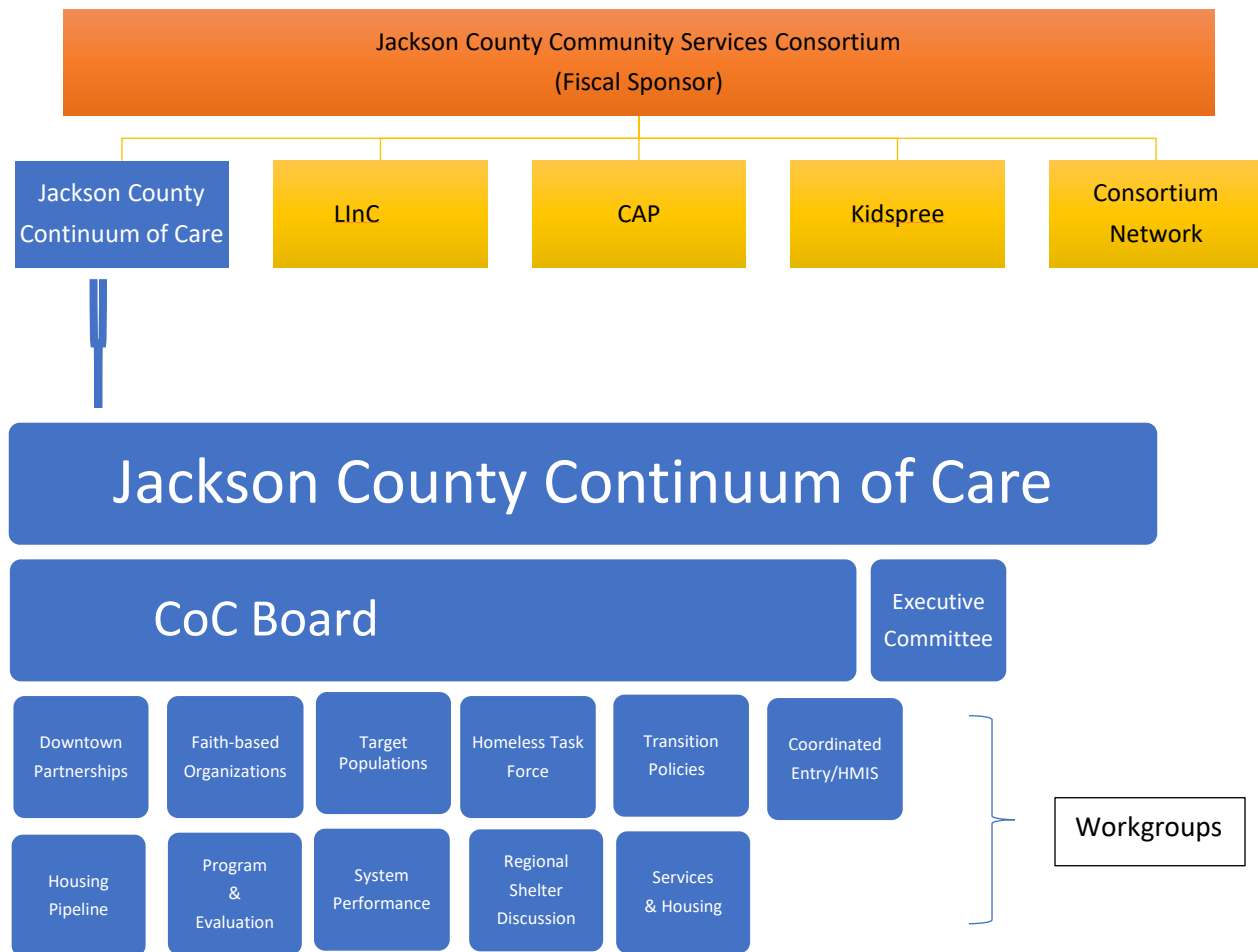
“We are making great progress, but unfortunately the need is growing quicker than our progress.”

“Thank you for continuing to work on this. I would like to participate in any way that I can.”

Appendix D. Jackson County 2019 CoC Organizational Chart

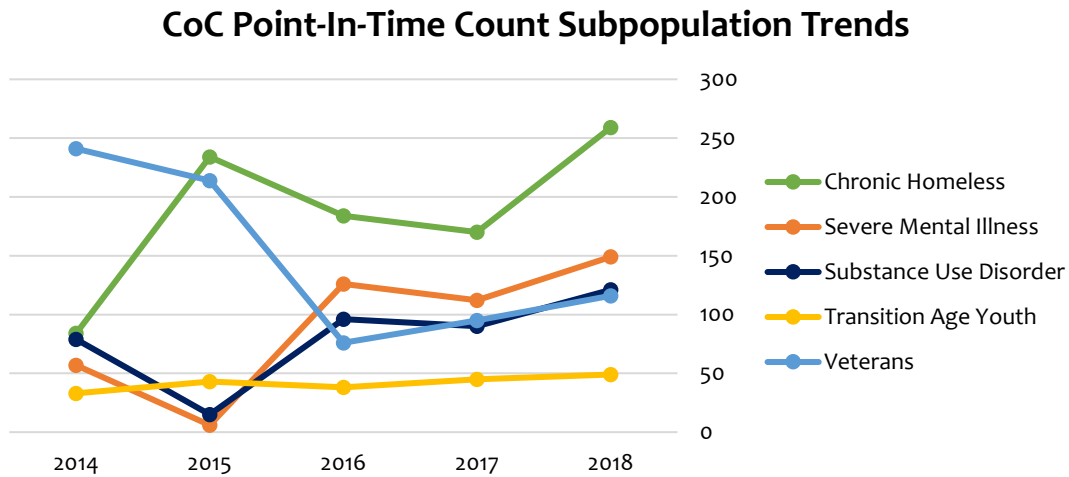


Jackson County Continuum of Care 2019 Organizational Chart



Appendix E. CoC Point-In-Time Count Sub-Population Trends

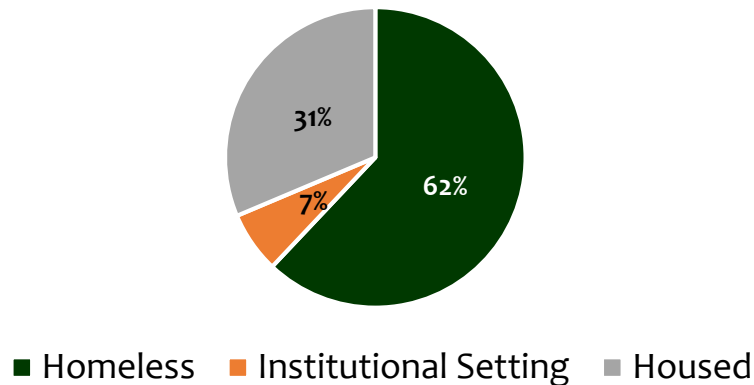
The following chart displays 5-year CoC trend data of specific sub-populations as part of the annual PITC. As indicated in the chart, chronic homelessness, those with severe mental illness and those with a substance use disorder have seen increases over the past five years; while Transition Age Youth have remained relatively stable, and Veteran homelessness has decreased.



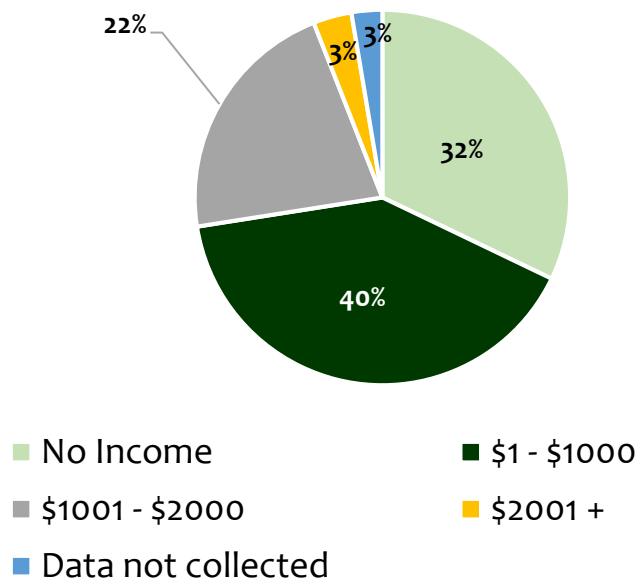
Appendix F. 2018 CoC Rapid Re-Housing Annual Performance Report

The following charts highlight data from HMIS regarding the population served and the outcomes of all PSH program in the CoC for 2018. Specific data includes where individuals were staying the night before they entered the program, income levels at program entry, number of conditions including mental illness, substance use disorder, and chronic health conditions at entry, length of participation in the program, and exit destinations for those who stayed more than and less than 90 days.

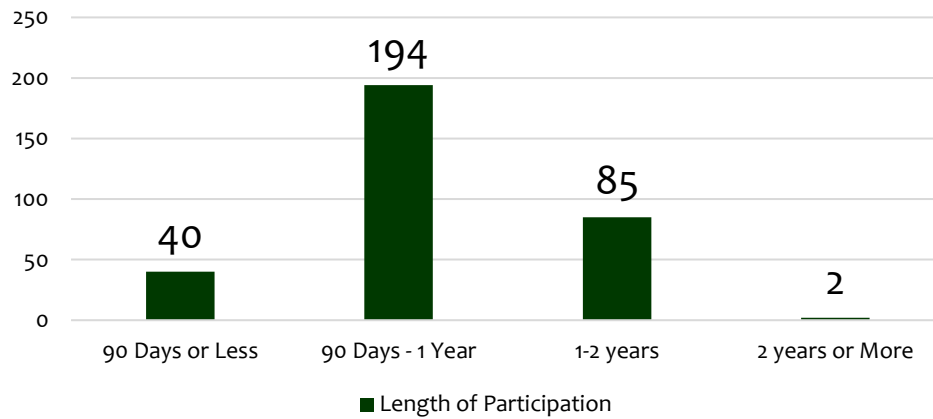
Prior Living Situation



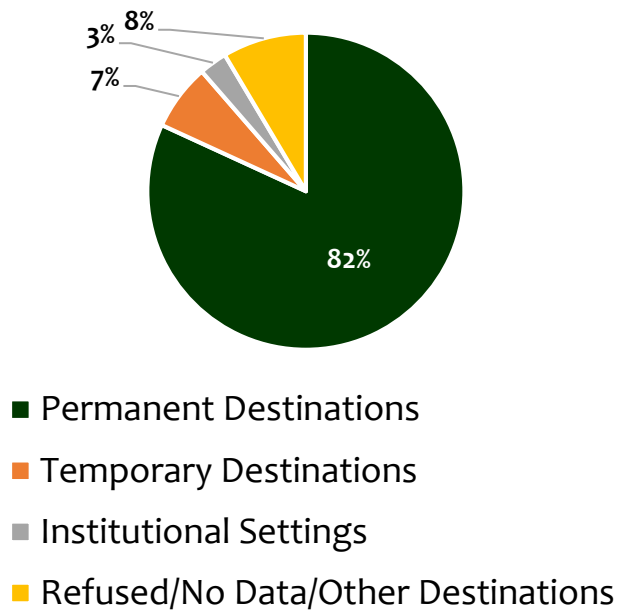
Income at Entry



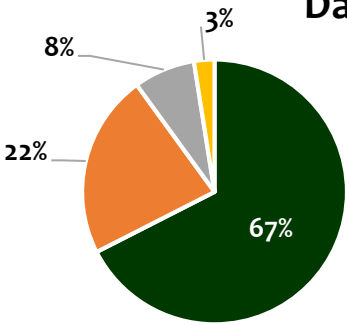
Length of Participation



Exit Destinations for Persons who Stayed More than 90 Days



Exit Destinations for Persons who Stayed Less than 90 Days

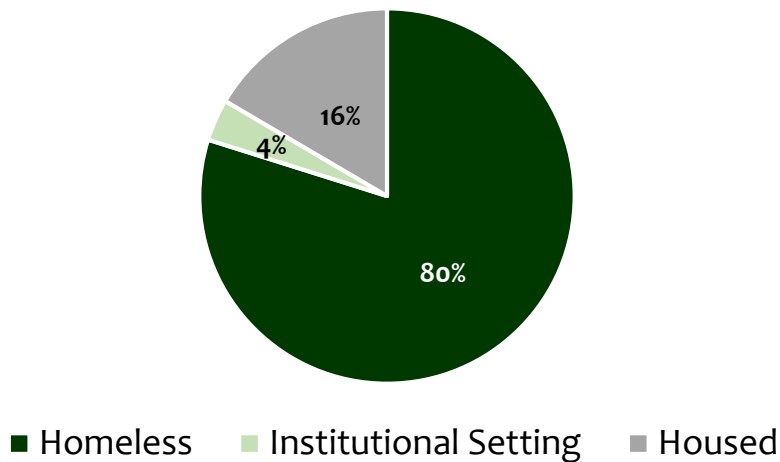


- Permanent Destinations
- Temporary Destinations

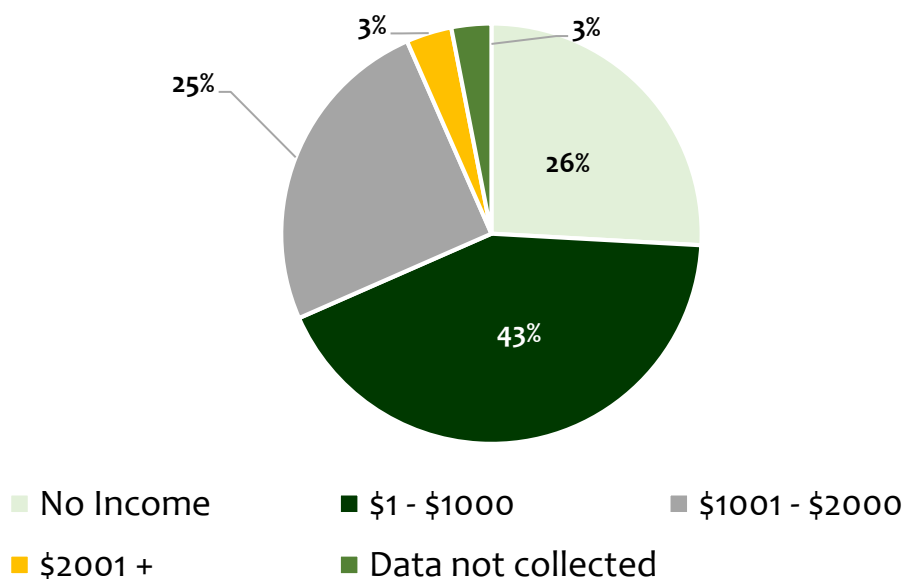
Appendix G. 2018 CoC Permanent Supportive Housing Annual Performance Report

The following charts highlight data from HMIS regarding the population served and the outcomes of all PSH program in the CoC for 2018. Specific data includes where individuals were staying the night before they entered the program, income levels at program entry, number of conditions including mental illness, substance use disorder, and chronic health conditions at entry, length of participation in the program, and exit destinations for those who stayed more than and less than 90 days.

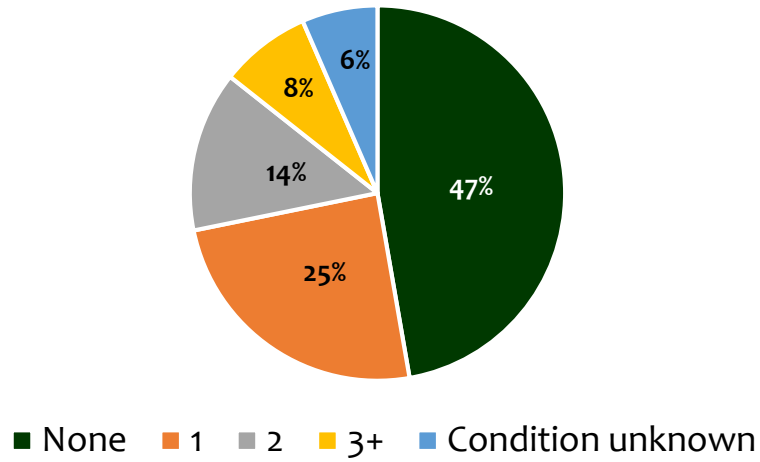
PSH Prior Living Situation



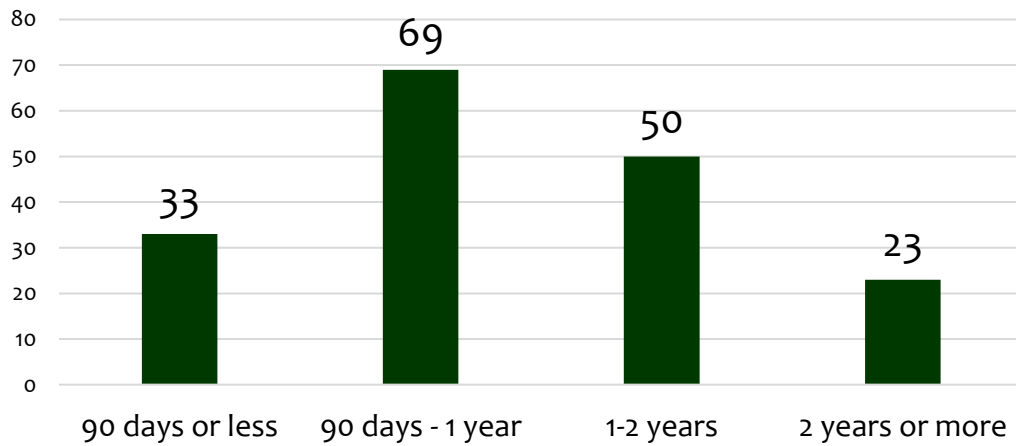
Client Income at Entry



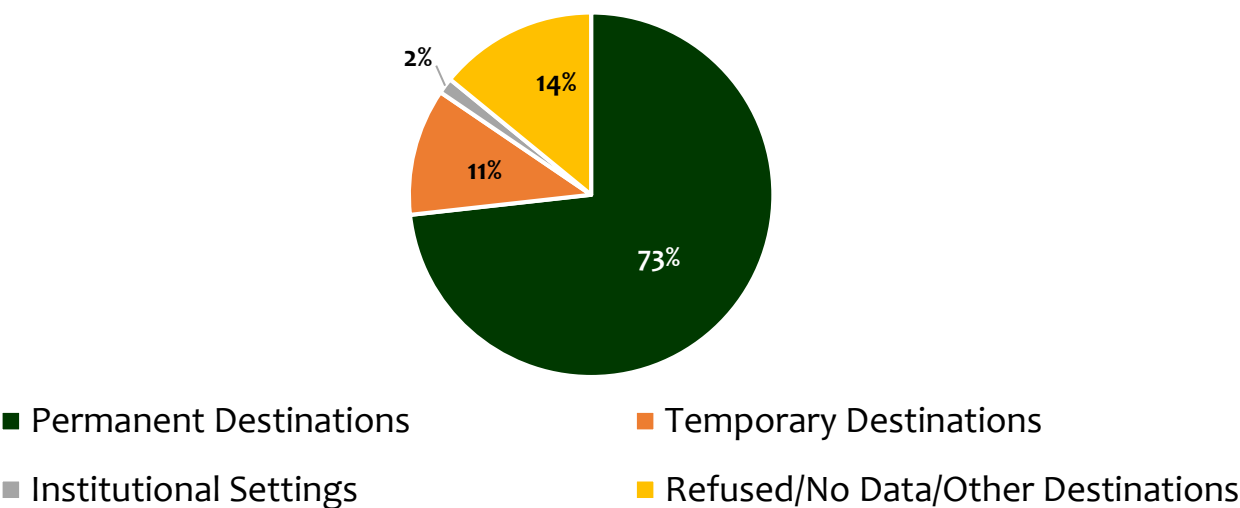
Number of Conditions at Entry



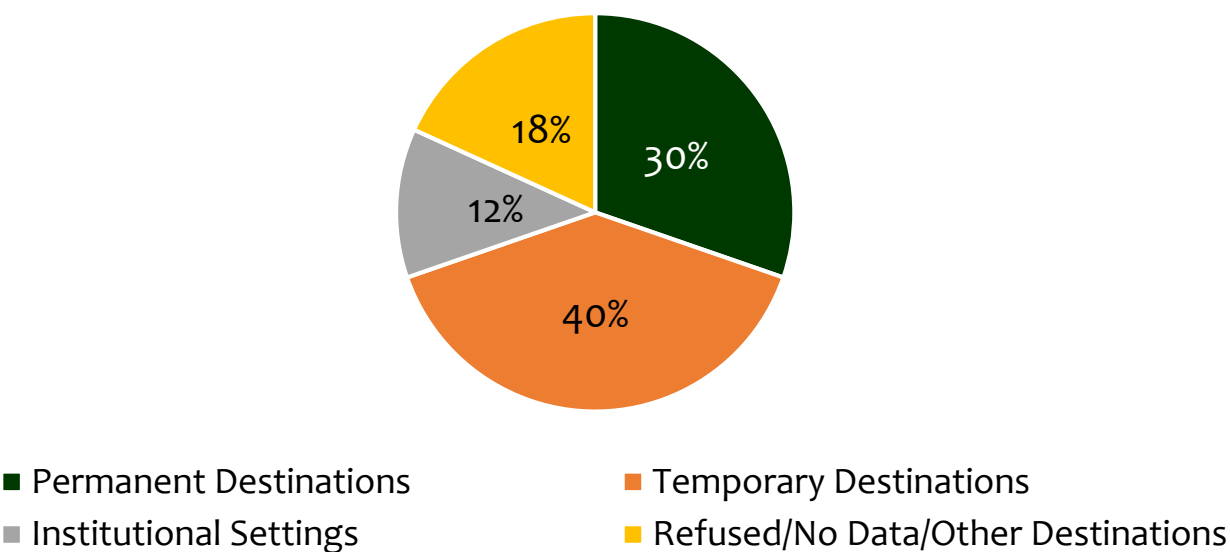
Length of Stay for Program Leavers



Exit Destinations for Persons Who Stayed More than 90 Days



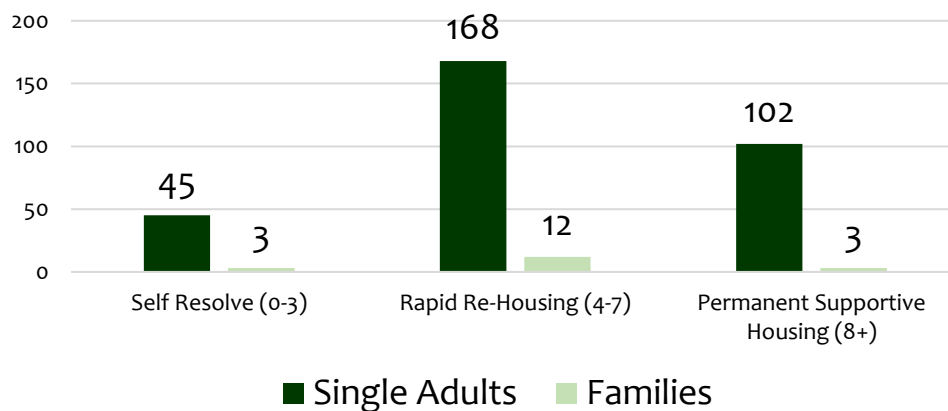
Exit Destinations for Persons Who Stayed More than 90 Days



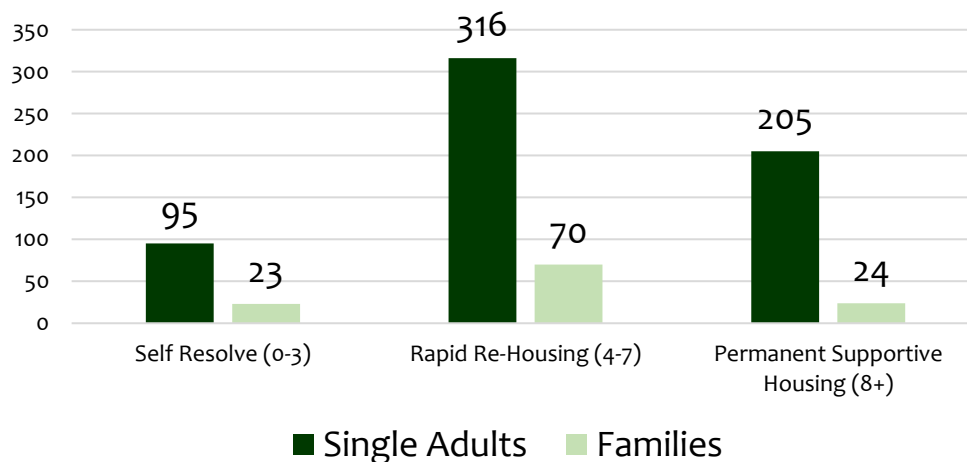
Appendix H. Coordinated Entry System Analysis

The following charts highlight assessment data from the VI-SPDAT as part of the regions CES. The charts are divided into two populations, Veteran and non-Veteran households. For each population the chart includes the total number of households, both singles and families, who have been assessed and recommended for the various housing interventions from the VI-SPDAT. This data is from the current CES By-Name-List as of February 2019 and indicates the number of households who are awaiting a housing resource.

Veteran Households



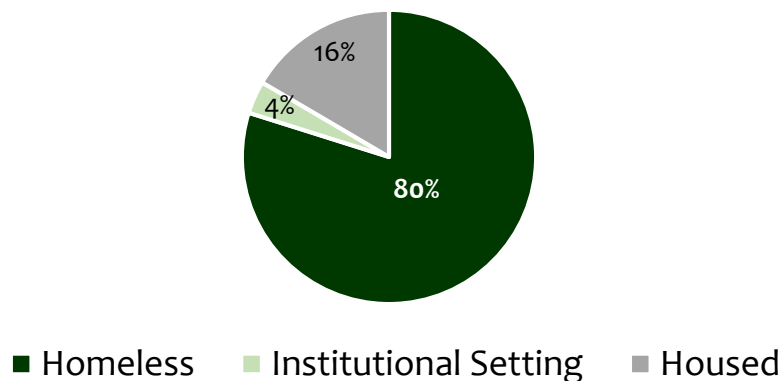
Non-Veteran Households



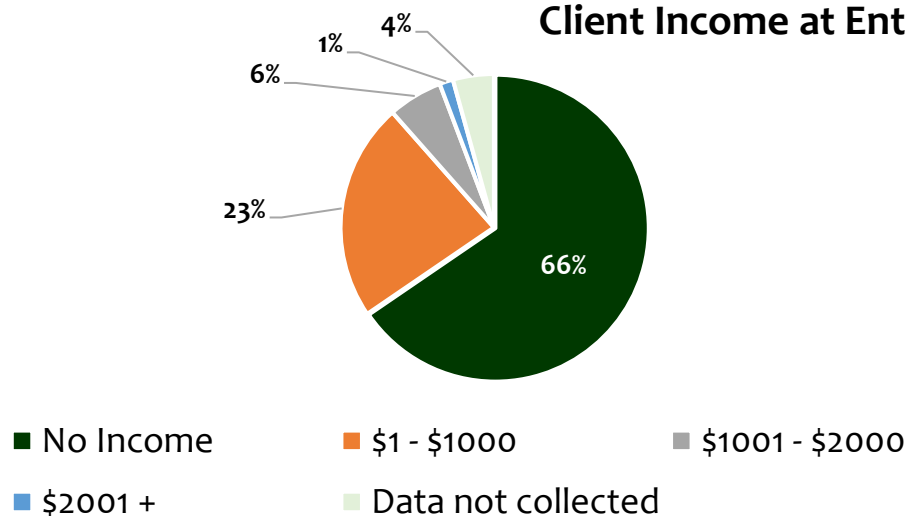
Appendix I. Analysis of Kelly Winter Shelter Program

The following charts highlight data from HMIS regarding the population served and the outcomes of the Kelly Winter Shelter for the winter season starting in December 2017 through March 2018. A total of 139 single adults were served at the shelter during the period. Specific data includes where individuals were staying the night before they entered the program, income levels at program entry, number of conditions including mental illness, substance use disorder, chronic health conditions at entry, length of participation in the program, and exit destinations.

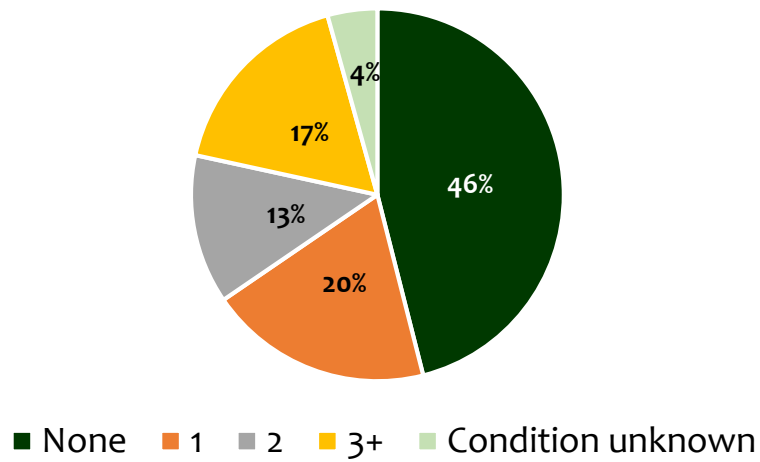
Prior Living Situation



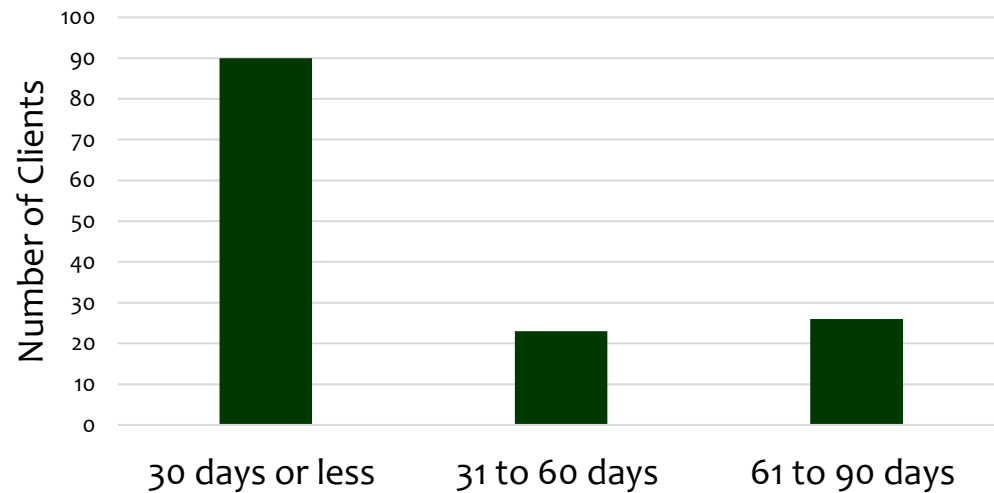
Client Income at Entry

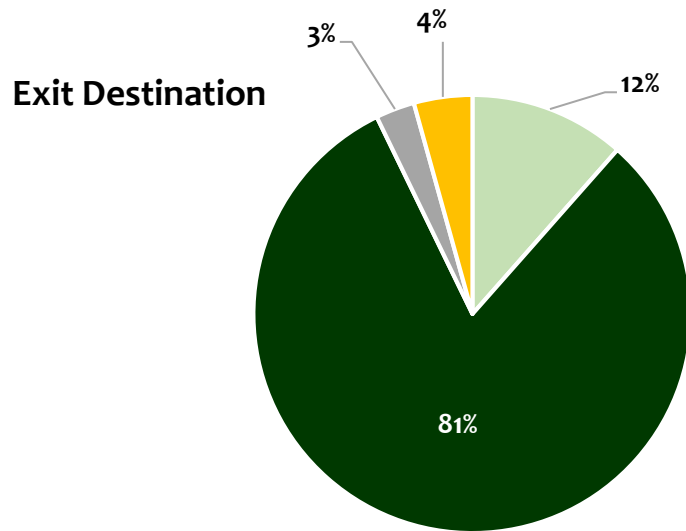


Number of Conditions at Entry



Length of Participation





- Permanent Destinations
- Temporary Destinations
- Institutional Settings
- Client Doesn't Know/Refused

Appendix J. Jackson County Investments that Assist Homelessness

Program	Population	Dollar Amount	Description
Adult Foster Homes	SPMI	\$ 86,264 (plus Overhead and supervision)	Supporting and development of adult foster homes around the county for individuals that meet the criteria for needing this level of service. Currently have 87 individuals in these homes. (1.0 FTE FY 18-19 projected)
Choice Fund	Mitigation of barriers to community based living/care for individuals discharged from (or avoiding admits to) Oregon State Hospital	\$27,544 45000	Rent and deposit support, short term motel, room, and board fees, basic living expenses related to stabilizing housing and community based living/care. FY 17-18 year to date (projected \$45,000).
ACT, Forensic, and Adult Outpatient	SPMI	\$23,540 35000	Rent and deposit support, short term motel, room, and board fees, basic living expenses related to stabilizing housing and community based living/care. FY 17-18 year to date (projected \$35,000).
Transition Living	Assisting people in gaining skills while they await housing opportunities	\$ 22,000	Renting of two properties through ACCESS to serve up to 12 individuals that are involved in MH services (FY 18-19 budget)
Maslow Project	Youth and Families	\$124,789	Funds additional outreach worked to assist youth and families as they work through homelessness challenges (FY 18-19 budget)
Kelly House	Adult Males	\$ 35,814	8 bed capacity for males providing transition housing services for individuals in early recovery of their substance use disorders (FY 17-18 contract)
Compass House	Adults with mental health issues	\$500,000	Initial set up costs for establishing the first accredited Clubhouse Model in the state of Oregon. (Jul 2014 – Mar 2018)
Salvation Army	Hope House	\$ 28,000	Human Service Grant – safety net services. Services single men, woman and families, providing transitional housing, seven day a week case management and supportive services.
ACCESS	Rental assistance for seniors with disabilities	\$ 9,600	Human Service Grant – safety net services. Provides rental assistance for low-income seniors and persons with disabilities to prevent eviction and homelessness.
Community Works	Dunn House for domestic violence victims	\$ 24,300	Human Service Grant – safety net services. 24 hour Emergency Shelter for women and children to help them escape from domestic violence and sexual assault. Provides safe environment with food, clothing, support, education, safety planning, resource referrals and assists keeping this vulnerable population off the street.
Columbia Care Services	Rental Assistance Program	\$115,000	Contracted not to exceed amount for Case Manager to support individuals in grant funded Rental Assistance Program (Feb 2015-Mar 2017)
Living Room	Individuals in mental health crisis	\$54,000 (plus OH and supervision)	A peer based model offering support to individuals in crisis offering them resources to help get them back on their feet and stable enough to not go to the hospital. Cost of peer personnel and program supplies (food, emergency clothing, sleeping bags, etc). (FY 18-19 budget)
Total Investment		\$1,050,851.00	

Created 4/17/18

Appendix K. Jackson County Mental Health Information & Services

COMMUNITY OUTREACH AND EDUCATION

JCMH receives frequent requests to deliver presentations to community groups about behavioral health needs and services. In FY 16 - 17, JCMH staff presented to the following groups:

- Asante/NAMI Mental Health Forum
- Community Care Project
- County Public Forum (Sheriff's Office)
- Foster Parent Training
- Jackson Care Connect CCO
- Local Alcohol and Drug Planning Committee
- Mental Health Advisory Committee
- National Alliance on Mental Illness: Family to Family
- Oregon Pain Guidance
- Public Safety Coordinating Council
- Public Safety Coordinating Council Mental Health Task Force
- Rogue Community College
- Southern Oregon Success Advisory Council
- Southern Oregon University – various classes in Human Services and Counseling programs
- TIC Steering Committee
- Traditional Healthcare Workers Course (RCC)
- Vocational Rehabilitation

Jackson County Mental Health (JCMH) is the designated Community Mental Health Program (CMHP) and the Local Mental Health Authority (LMHA) for Jackson County. Through this designation, JCMH provides medically necessary mental health services to children and adults with severe or chronic psychological or emotional problems, with direct responsibility for the indigent population. JCMH helps individuals resolve crisis situations, develop skills to improve their functioning in daily life, and reduce criminal justice involvement. Utilizing a recovery model, it supports individuals with serious mental disorders to sustain stable lives in the community. Additionally, JCMH provides mental health promotion and prevention. JCMH is the safety net for the community and will continue to deliver services as outlined in the Inter-Governmental Agreement (IGA) with the Oregon Health Authority (OHA).

EVIDENCE BASED PROGRAMS

ASIST Training: ASIST (Applied Suicide Intervention Skills Training) is a two day suicide prevention training designed for counselors, teachers, mental health specialists and other gatekeepers who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide. ASIST is recognized as an Evidence-Based Practice by the state of Oregon.

Mental Health First Aid: Certified staff members offer Mental Health First Aid to community partners throughout Jackson County as part of JCMH's prevention efforts. The interactive 12-hour course provides an overview of mental illness and substance use disorders in the U.S., introduces participants to risk factors and warning signs of mental health problems and reviews common treatments. In addition to our adult trainers, Jackson County Mental Health has a certified adolescent Mental Health First Aid Trainer. These staff, in collaboration with the two certified instructors at the FQHC, will continue to offer trainings across the County.

Mental Illness Prevention with Homeless Youth and Families: In collaboration with Maslow Project, JCMH provides outreach and support services to homeless individuals at risk for the development or escalation of mental health symptoms. These dollars were originally received through a grant from OHA and is now part of the ongoing IGA that JCMH receives annually. The purpose of this project is to facilitate access to the services needed to address health issues, find housing, and prevent the onset or worsening of mental health symptoms. Youth are served with coordinated prevention services, including risk assessments, goal plans, monitoring of school

attendance and academic progress, linkages to additional support services and referrals. Additionally, all ages receive basic needs and emergency services intended to reduce the risk of mental health crisis and escalation of instability.

Suicide Prevention (Garrett Lee Smith): Jackson County is partnering with the Oregon Health Authority on a federal grant (FY 14-19) to reduce suicide among youth aged 10-24 through implementing comprehensive suicide prevention and early identification practices. A full-time suicide prevention coordinator is dedicated to increasing gatekeeper training, facilitating training for clinicians, improving the continuity of care, and improving data collection.

Wellness Action Recovery Planning (WRAP): WRAP is an evidenced-based, trauma-informed model for personal wellness and recovery rooted in the principals of self-determination and empowerment. It encourages and provides participants with the tools they need to be more involved and proactive in their own wellness and success. Jackson County Health and Human Services (HHS) has enlisted WRAP as a transformative recovery tool for staff, clients, family members, supporters, partners and our community as a whole.

PREVENTION COALITIONS

Oregon Pain Guidance (formerly Opiate Prescribers Group)/Bureau of Justice Affairs Prescription Drug Monitoring Grant: The *Opioid Prescribers' Group* (OPG) formed in 2011 in response to the growing number of prescription opioid overdose deaths in our community. Since that time, the group has grown to impact well over 500 Southern Oregon professionals from Jackson and Josephine counties and beyond. The OPG sponsors monthly meetings, outreach to clinics, an annual Pain Conference and an off-shoot Pain Resiliency Clinic co-located within Health and Human services. The group has published Community Practice Guidelines and received a 405K federal grant to expand this work to partners in the community justice field, supporting community initiatives such as Naloxone training and administration protocols and notification procedures between criminal justice staff and opiate prescribers.

Substance Abuse Prevention Coalition: The Jackson County Substance Abuse Prevention Coalition utilizes the structure of the Strategic Prevention Framework per the expectations of the Oregon Health Authority. The purpose of the coalition is to collaboratively address and reduce alcohol, tobacco, other drug, and gambling problems among Jackson County youth. The primary goal of the coalition is to utilize the Strategic Prevention Framework to address alcohol abuse among youth as well as other focus areas as determined by the coalition. Coalition members include stakeholders from across multiple community sectors including healthcare professionals, religious organizations, parents, schools, youth-serving organizations, local government, and treatment organizations.

Youth Suicide Prevention Coalition: The *Jackson County Youth Suicide Prevention Coalition* is a community based, volunteer membership organization comprised of representatives from public secondary schools and colleges, hospitals, non-profits, community organizations, Juvenile Justice, Mental Health, Veteran's Services, and local volunteers. The mission of the Coalition, available on our website at <http://suicidepreventionjacksoncounty.com/>, is to raise awareness of the problem of suicide in our county, reduce the incidence of suicide and suicidal behavior of Jackson County youth, and provide support for all those affected by suicide. The group keeps a comprehensive list of community resources and announcements on the website, as well as a Facebook page,

(<http://www.facebook.com/pages/Jackson-County-Youth-Suicide-Prevention-Coalition/140443226004431>).

CRISIS AND STABILIZATION

As part of our CMHP status, Crisis Services will continue to be available through JCMH 24 hours a day, 7 days a week. Services include assessments, referrals, pre-commitment services, discharge planning, and a range of drop-in support and community resource groups. Services are available to everyone regardless of age, insurance status, Veteran's status or county of residence. Nearly 5000 individuals per year receive services through JCMH's Crisis Program, an estimated 1900 of whom are indigent, i.e., lack Medicaid or any other form of insurance coverage. Points of access include the walk-in clinic at 140 S. Holly in Medford, telephone referrals through local hospitals, police and social service agencies, and the after-hours hotline (541-774-8021).

Emergency Department Diversion for Children and Youth: JCMH receives dollars from the state of Oregon to provide diversion services for children and youth that are taken to the Emergency Department at local hospitals for psychiatric and behavioral crises. Services are immediate and delivered in the home and in the community to assist in providing stabilization services and assisting the families in getting the children and youth established in services.

Living Room: The "Living Room" program opened in July, 2016. This is a program designed to offer individuals in crisis an alternative to obtaining services in an emergency department. The Living Room is a research-based model offering a person-centered, non-medical environment staffed by peer specialists and professionals who are available to help clients de-escalate and avoid hospitalization, and is part of the crisis continuum.

Mobile Crisis: JCMH received funding from OHA to expand Mobile Crisis services. JCMH currently assists local law enforcement with mental health situations as needed. This has proven to be very effective and has had some positive outcomes for the individual to engage in appropriate treatment options rather than being taken directly to the emergency room or incarcerated. These services will continue as part of our CMHP obligations.

Pre-Commitment Investigations and Commitment Monitoring: JCMH is responsible as the Local Mental Health Authority to conduct pre-commitment investigations for individuals placed on a mental health hold to determine if the individual meets criteria for civil commitment. Investigations include interviews with police, family members, medical and behavioral health providers, and/or any other individual who holds information that maybe pertinent to a decision. Outcomes of the investigation include one of three options: the hold is dropped, the hold is extended (14 day diversion) or a commitment hearing is scheduled. Investigators work directly with an Assistant District Attorney who specializes in legal issues for individuals with mental health issues.

CHILDREN'S TREATMENT SERVICES

With the changes in the mental health service system in the county, services to children and youth have drastically changed and have had a large reduction in the numbers that we serve. JCMH continues to provide services to indigent and uninsured children and youth and some limited services (WRAP and EASA) through a contract with Jackson Care Connect. JCMH is not currently serve any AllCare children or youth in ongoing services. Access to services occurs through an initial assessment. The assessment will

Parent-Child Interaction Therapy CENTER OF EXCELLENCE

P-CIT is an evidence-based treatment for children 2-8 years old with social-emotional and behavioral problems that places emphasis on improving the quality of the parent-child relationships and changing parent-child interaction patterns.

In 2014, JCMH was named the Oregon P-CIT Center of Excellence and charged with training all P-CIT providers across the state. JCMH currently employs two nationally certified trainers.

Studies show that P-CIT reduces depression in mothers and reduces overall family stress; improves pro-social behavior and emotional regulation; and improves speech and language skills, among many other things. A new space has been designated for this program, designed with input from program experts.

establish a diagnosis, if appropriate, and the appropriate level of care, and the child will then enter into treatment planning for outpatient care or receive a referral to a more appropriate resource.

Children's WRAP: Jackson County utilizes the National Wraparound model and is part of the Statewide Children's Wraparound Initiative as one of the three demonstration sites. Jackson County Wraparound is an intensive, integrated, holistic method of engaging children, youth, and their families with complex needs in a planning process. The primary goal is to keep children living in their homes and communities safely. The wraparound team takes a strength based approach and develops a plan that focuses on the priority needs as identified by the youth and family. The current project focuses on children in the custody of DHS Child Welfare or children who have behavioral, emotional, and/or mental health conditions severe enough to warrant direct entry into the service system at a high level of care. Jackson Care Connect has contracted with JCMH to serve 45 children and youth in the WRAP program.

Medford Drop (Young Adult Hub): Originally funded through a grant offered through OHA, these dollars now come to JCMH through the IGA and are passed on to Youth ERA Oregon (formerly Youth M.O.V.E Oregon). The purpose of this project is to: a) provide outreach, engagement and recovery oriented young adult centered planning and creation of social support systems, b) provide peer support services by young adult peers, particularly for young adults reluctant or disengaged in services, c) assist young adults in identifying and accessing resources to fit goals, d) demonstrate expertise in LGBT youth and connection to LGBT specific resources, e) participate in a statewide learning collaborative, and f) incorporate at least the philosophy and ideally the practice of the Transition to Independence Process (TIP) Model of support for Youth Adults in Transition. Partnering with Youth ERA Oregon, JCMH supports this drop-in center model, *The Medford Drop*, for youth ages 14-25; the focus of the program is education, employment and social connectedness, as well as character development and community service.

Early Assessment and Support Alliance (EASA): The purpose of the EASA program is to identify young adults, aged 15-25, who are experiencing (or are at high risk for experiencing) a newly emerging psychotic disorder. This program is geared towards providing intensive services as soon as possible to reduce the symptomology of this disease and decrease the negative impacts of the disease over the life course. The EASA program provides youth/young adults experiencing an onset of psychosis with the following services: trauma-informed mental health counseling utilizing the most current evidenced-based research and modalities; case management that provides youth assistance with financial, housing, relationships, school, and other areas which have been affected by their illness; supportive employment; peer supports; psychiatric and medication services; occupational therapy that helps youth and their family understand sensory issues and strategies for improving the outcome of treatment; family support, education and stress reduction activities; and crisis intervention with an enduring focus on helping young people to flourish to the greatest extent possible. These services will continue as appropriate for non-OHP members, and for five Jackson Care Connect clients as contracted.

ADULT TREATMENT SERVICES

Adult Outpatient Treatment

Jackson County Mental Health continues to provide outpatient services for indigent and uninsured throughout the county. Focusing on short term, solutions focused treatment, in addition to some long term services for those individual with Severe and Persistent Mental Health diagnoses.

Assertive Community Treatment (ACT): ACT is an evidenced based intensive and community-based method of providing mental health care. Clients with serious and persistent mental illness or personality disorders are provided an alternative to traditional outpatient mental health care through an integrated community based team. Persons served by ACT may receive integrated substance abuse treatment, housing support, CBT, DBT, skills groups, peer supports, and Supported Education or Employment. Jackson Care Connect has contracted with JCMH for 35 ACT slots. JCMH will continue to offer these services to the indigent and uninsured.

Birch Grove Clinic: The mission of the Birch Grove clinic is to provide an integrated primary-behavioral healthcare service that includes health education as a strong component. A collaboration between JCMH, La Clinica, the Addictions Recovery Center, On Track, and the two CCO's the clinic is housed at the HHS building.

Jail Diversion: A partnership with the Jackson County Community Justice program, this program focuses on assisting adults with mental health issues to avoid becoming more entrenched with the criminal justice system through offering support and treatment. Program staff complete behavioral health screenings and provide collaborative release planning within the Jackson County Jail and the Community Justice Transition Center. These positions are funded through dollars that come through the IGA from the grant funding that was made available from OHA over the past two years. These services will continue to be a new point of access for Jackson Care Connect members.

Mental Health Court: Jackson County Mental Health Court is a partnership between JCMH, Jackson County Courts, and the Southern Oregon Public Defenders Office. Modeled after other evidence based treatment courts, the Mental Health Court supports are available to defendants charged with a crime in Jackson County Circuit Court who have a serious and persistent mental illness that appears to be the

primary factor in the person's involvement with the criminal justice system. Mental Health Court provides a highly structured, supervised opportunity for eligible defendants to pursue mental health treatment, stability and independent well-being under intensive supervision of a multi-disciplinary team. JCMH provides the coordinator for this project and Jackson Care Connect and AllCare provide shared funding for this position.

Multi-Disciplinary Staffing: The purpose of inter-agency client staffing is to develop solutions for individuals who are struggling and slipping through the cracks of community services, as evidenced by multiple police or mental health emergency contacts, with the ultimate goal of preventing escalation of mental health symptoms and attendant crises. JCMH sponsored the formation of this group in 2012 through a subcommittee of the Public Safety Coordinating Council, and staffing's have continued to take place to the current day. This process has assisted 20 of the community's most high risk individuals in gaining stability and reducing police contact. JCMH will continue to chair this community group and serve in its capacity as convener.

Peer Support Services: Peer support is a research-based service delivered by state certified Peer Support Specialists. Peer support specialists self-identify as being in recovery from their own mental health and/or substance abuse problems; their personal experiences enable a depth of empathy and perspective that cannot be duplicated. Peers work as extra-help employees and support the clients they serve with skill development, advocacy, encouragement and assistance.

Psychiatric Support Services: Providing medication services and supports to individuals that will continue to be available for those individuals being served in our system. With the PharmBlue pharmacy now embedded in the HHS building these medications are often filled at the on-site pharmacy with the goal of increased medication compliance and better outcomes for those individuals.

Psychiatric Security Review Board (PSRB): Services for individuals under the mandate of the PSRB promote community integration for severely mentally ill persons after prolonged stays in state hospitals with the goal of moving to fully independent living situations when possible. Assessing for risk to public safety is an integral component of this work. Services include: the Hazel Center Secure Residential Treatment Facility (SRTF) run by Options which houses and treats 16 clients (8 clients under the PSRB) following discharge from the State hospital; and PSRB monitoring and supervision for up to 20 clients, living independently in transitional housing or in group homes under conditional release from the State hospital.

SERVICES FOR AGING AND PEOPLE WITH DISABILITIES (Enhanced Care):

Westwind Enhanced Care Services: Westwind is a locked residential facility for 16 adults with physical disabilities as well as serious and persistent mental illness. The program provides case management and skill building as well as psychiatric care on site every other week. There is a QMHP/Manager available for clients. The primary focus is community integration and safety so that placement can be maintained.

Older Adult Behavioral Health Specialist: 1.3 FTE is currently funded through the OABHS initiative from OHA. Those dollars are passed through to the Rogue Valley Council of Government (RVCOG) to ensure collaboration and integration with the other services available in the county for older adults and individuals with mental health issues.

12/3/18